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BENJAMIN P. BORKAN
Gestalt Therapists'
Perspectives on Gender in the
Therapeutic Relationship:
Implications for Anti-
Oppressive Practice

ABSTRACT

This study seeks to explore *How does Gestalt therapy training influence therapists in navigating clinical encounters involving gender identity?* Gestalt therapists' responses noted the importance of authenticity, contact, ability to question biases, self-examination, personal responsibility, and the therapist's sense of their own gender identity privilege and oppression. Gestalt therapy is contrasted with anti-oppressive practice principles, in which there are congruent philosophies between Gestalt therapy and anti-oppressive practice principles. Participants' and this author's recommendations for future research include further research on the efficacy of Gestalt therapy training in working with varying identities, as well as gathering perspectives from people of marginalized identities to share their experiences of therapy from Gestalt-trained therapists. Study limitations included this researcher being a white, cisgender, class privileged, able-bodied male, and most participants were white and cisgender men and women therapists with privilege to attend Gestalt institutes. Clients' perspectives were not available for this study.

GESTALT THERAPISTS' PERSPECTIVES ON GENDER IN THE THERAPEUTIC
RELATIONSHIP: IMPLICATIONS FOR ANTI-OPPRESSIVE PRACTICE

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

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CHAPTER I

Introduction

In the East, the aim of Zen Buddhism is precisely this realization of identity of living and dying, of commitment and detachment. In our Western world, the neurotic is the man who cannot face his own dying and therefore cannot live fully as a human being. Gestalt therapy, with its emphasis on immediate awareness and involvement, offers a method for developing the necessary support for a self-continuing creative adjustment which is the only way of coping with the experience of dying and, therefore, of living – Laura Perls, 1970 p.129

Gestalt therapy was co-created, beginning in the 1940s, between Paul Goodman, a white Jewish man born in New York, Laura Perls, a white Jewish woman born Lore Posner 1905 in Pforzheim, and Fritz Perls, a white Jewish man born 1893 in Berlin. According to Clarkson and Mackewn (1993), Fritz and Laura Perls fled Berlin soon after Hitler rose to power on January 30, 1933. After fleeing, the Perls' briefly lived in Holland, and then immigrated to South Africa where white Jews received white privilege and Indigenous South Africans were oppressed (Clarkson

and Mackewn, 1993; South Africa Virtual Jewish History Tour, 2017). In 1946, the Perls' immigrated to the United States and met Paul Goodman (Clarkson and Mackewn, 1993). Wallen (1970) noted that Gestalt therapy stems from both Gestalt psychology and Freudian psychoanalysis.

Bowman (2005) details that Gestalt therapy generally, [Identifies] a changing weltanschauung as responsible for Gestalt therapy's development. Weltanschauung connotes more than the dictionary definition, "a shared worldview." It is how we apprehend the world—how we are involved in it, perceive it, and bring our personal history to bear on it. This collective perspective creates momentum and becomes an engine for change. In Gestalt therapy, the result has been movement: (a) from deconstructive views of the world toward holistic models of existence; (b) from linear causality toward field theoretical paradigms; and (c) from an individualistic psychology toward a dialogical or relational perspective. (p. 4-5)

In theory Gestalt therapy acknowledges the entire being of a person and their engagement with their current environment; in therapeutic practice, it can be argued that Gestalt therapy aligns with anti-oppressive principles that Dalrymple and Burke (2006) mention. One such principle states that "anti-oppressive practitioners...should be able to: [continually] consider how our values, social difference and power affects our interaction with others both emotionally and

intellectually” (p.284). However, there is little research on Gestalt therapists’ awareness of gender privilege and oppression in the therapeutic, interpersonal dyad, specifically. Many sources suggest and encourage therapists to explore gender and develop a capacity to address and navigate ideological, individual, interpersonal, and institutional, gender-based enactments of privilege and oppression effectively. While the literature presented is limited and is in need of further exploration, the argument can be made that it is necessary to further explore Gestalt therapists’ awareness of gender and, specifically, how gender affects the therapeutic relationship. The current study acknowledges gender as a social construct and explores, through the perspective of Gestalt-trained therapists, how training in Gestalt therapy can be effective in working therapeutically with gender, as well as suggestions for furthering Gestalt therapy training.

This study explores Gestalt certified therapists’ current awareness of gender and gains insight into how some therapists currently navigate and investigate gender with a Gestalt therapy approach. More specifically, this study examines Gestalt therapists’ experiences of gender within the therapeutic relationship and how gender power and privilege for therapist and client affect the therapeutic relationship. While the primary variable for this study is gender differences, differences in age, socioeconomic class, race, ethnicity, sexual orientation, ability

and other variables emerged as contributing variables. Because gender is present in the therapeutic relationship, it is important to assess how Gestalt therapists view their position of privilege and social influence between and with their clients. The results of this study highlight Gestalt therapists' awareness of gender in the therapeutic relationship, build upon prior research on Gestalt therapists' competence, highlight the use of Gestalt therapy in working across gender identities, and help to build stronger therapeutic alliances between client and clinician. Other benefits of this study include increasing the depth of available research on Gestalt therapy, arguing that Gestalt therapy is possibly congruent with anti-oppressive practice for working between privileged and oppressed gender identities; this study may also offer more room for exploration amongst other intersectional identities.

According to Singh and Clarke (2006), discourse on the inherent power dynamics within the therapeutic dyad can lead to therapists' decisions to have drastic and institutionally supported consequences on their decisions towards clients. Robert and Seltzer (2010) speak to the consequences of colonizer positions in therapy. Billies (2005) describes the ease at which people of privileged identities experience accepting the status quo of the dominant, oppressive narrative. These studies have potential to bring insight into the use of Gestalt training in navigating, and bringing awareness to colonist heteropatriarchal ideologies. Fernbacher (2005) speaks to the importance in Gestalt for practitioners becoming aware of their

cultural identity, and especially becoming aware of the influence of their cultural identity. It is my hope that the discourse this study brings strengthens the bond between Gestalt therapy and Social Work practitioners, with the potential for further incorporating Gestalt therapy training into academic curricula and training for social workers.

The following operational definitions are used in this study.

Gender. Gender was socially constructed, in the United States, as a result of European settler colonization, Arvin, Tuck, and Morrill (2013) emphasized that European colonists brought heteropatriarchal ideologies alongside the genocide of Native tribes. Therefore, this study recognizes the historical implications of gender assignments and categorization due to colonization and further, that not all people identify as a specific gender. For this study, gender refers to a cultural concept that has, historically, defined a binary between male and female with historical implications on the roles of each group (Corbett, 2008). For this study, male and female refer to cisgender male and female identities, and transgender is an umbrella term used to include, but is not limited to transgender male, transgender female, gender non-conforming, gender fluid, genderqueer and more. Further,

gender identity is self-determined by the individual, and while this study lists various gender identities, this list is non-exhaustive; each and every person defines gender for themselves.

Phenomenology. Developed by Edmund Husserl, phenomenology refers to appearances; in Gestalt therapy, phenomenology is used by the therapist to observe and describe, for example, a client's body language, voice tones, or how the client tells a story (Crocker, 2005).

Awareness. How an individual perceives, feels and acts in any given moment without interpretation; as such, a Gestalt therapist's awareness is phenomenologically oriented (Senreich, 2014).

Contact. Polster and Polster define the contact boundary as "the point at which one experiences the 'me' in relation to that which is 'not me' and through this contact, both are more clearly experienced;" thus, contact is encountered through experiencing 'me' versus 'not me' (1973).

Confluence. Perls (1973) writes, "[when] the individual feels no boundary at all between himself and his environment, when he feels that he and it are one, he is in *confluence* with it. Parts and whole are

indistinguishable from one another” (p.38). Billies (2005) adds, “[confluence] in the final phase of healthy, full, aware contact is one means by which identity becomes part of the background” (p.80).

Social oppression. Billies (2005) states that social oppression includes “all of the ways in which some people suffer deprivation or harm while others enjoy relative comfort because of the ways our social systems operate” (p.73). Billies (2005) coins the phrase “Networks of habitual interruptions” to refer to systems and institutions that “depend on innumerable, interdependent interruptions of contact” (p.73).

For the purpose of this study, *Gestalt therapy* is defined as “a process psychotherapy with the goal of improving one's contact in community and with the environment in general” (Melnick & Nevis, 2005, p.106). Within Gestalt therapy are several primary aspects: field theory, contact boundary, the I-Thou relationship, homeostasis, creative adjustment, paradoxical theory of change, and a phenomenological orientation, which was mentioned above. *Field theory*, developed by Kurt Lewin, postulates that an entity's needs are inseparable from the environment, and that everything is interconnected, including social, political, and

cultural contexts (Senreich, 2014; Parlett, 2005, Fernbacher, 2005). *Contact Boundary*, according to Perls (1973) is,

The study of the way the human being functions in his environment is the study of what goes on at the contact boundary between the individual and his environment. It is at this contact boundary that the psychological events take place. Our thoughts, our actions, our behavior, and our emotions are our way of experiencing and meeting these boundary events. (p.16)

The “*I-Thou Relationship*,” theorized initially by Martin Buber, emphasizes each human’s “hunger to be seen, heard, and related to as a person rather than as an object,” and, in Gestalt therapy, the therapist must practice being “aware of oneself, and to bring the self into the therapist/client encounter” (Melnick & Nevis, 2005, p. 110). Perls (1973) describes *homeostasis* as “the process by which the organism satisfies its needs...[when] the homeostatic process fails, the organism dies” (p.4). *Creative adjustments* refer to the ways in which, “at every moment we are doing the best that we can...to use the resources [we] have with awareness, with the potential for repeated satisfying experiences” (Melnick & Nevis, 2005, p. 104); put into context, Gestalt therapy argues that human beings constantly *creatively adjust* in an effort to maintain homeostasis. Beisser (1970) theorized the *paradoxical theory of change*, which states, in brief, “*that change occurs when one becomes what he is, not when he tries to become what he is not [sic.]*” (p.77).

For this study, I intend to expand on Corbett (2008) and other authors' theories of gender, which I will define as: gender is a socially constructed identity that is reinforced through stereotypes, expectations, and access to jobs, employers, healthcare, legislature, and more, that are placed upon individuals based on physical traits, specific to an individual's physical genitals at birth; and, gender as an identity is fluid and defined by the subjective experience of an individual. Further, gender in the United States, since colonization in the 15th century, has historically referred to two conflated groups, "male," and "female." These structures in the United States privilege people assigned "male" at birth and marginalize all that are not assigned, or seen, as male.

I believe that Gestalt therapy possesses foundational frameworks that hold the possibility of aligning with anti-oppressive practice and principles. To that end, I believe that Gestalt has use in being an anti-oppressive modality that is effective at training therapists to engage in anti-oppressive therapeutic practice with their clients. I also believe that there are further creative adjustments to be made in Gestalt therapy to acknowledge the plethora of identity-based experiences. There is a fertile void to which Gestalt institutes may enhance their training to adapt to recent calls for anti-oppressive practices to be integrated in therapy.

CHAPTER II

Review of The Literature

Johnson (2014a), Kolmannskog (2014), McMillan (2013), and Senreich (2014) express the need for further investigation into the effectiveness of Gestalt therapy as an anti-oppressive means of engaging therapeutically with people. Billies (2005) advocated that,

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 in practice. ...Working to become aware of and change habits that represent oppressive cultural practices transforms how and what the therapist perceives and enriches the therapist’s possibilities for contact (p.72)

Ancis, Szymanski and Ladany (2008) and Wintersteen, Mensinger and Diamond (2005) explored therapists' competencies in working across gender. Ancis et al. (2008) developed a scale to assess clinician's competency working with women (Counseling Women Competencies Scale, or CWCS) which, for this study, will require a greater exploration of therapists' competency in their awareness of gender. Specifically, how does a Gestalt therapist recognize and address the social and culturally constructed expectations and experiences of gender in their awareness with a client and creatively adjust in therapy? Additionally, the CWCS is specific to women and does not include male, transgender, gender fluid and additional gender identities. Wintersteen et al. (2005) looked specifically at the intersection of gender and race through "success" as defined by the researchers, however the study did not account for the age difference between the therapists and their adolescent clients as being an additional factor; the authors recommended further studies on how race and gender affect the therapeutic process. For this study, all available intersecting identities were addressed with hopes to isolate gender identity, but also included other intersections as well.

Johnson (2014a), Kolmanskog (2014), Tummala-Narra (2016), McMillin (2013) and Senreich (2014) present arguments for further exploration of identity within Gestalt and also advocate for the Gestalt approach as an effective means of addressing identity in therapy. Johnson (2014a) references personal experience as well as the social and societal expectations that shape how people have been taught

to engage, specific to their gender. Further, Johnson (2014a; 2014b) emphasizes the ways in which gender privilege and oppression are experienced and manifest for people, noting that, “it is important that as Gestalt therapists we acknowledge what our gender privileges are, give them up when we can, use them to help others when possible, and recognize when another person does not have them,” advocating that Gestalt therapists hold themselves accountable (Johnson, 2014a, p.214). Billies (2005) encouraged therapists to explore social norms in addition to self-exploration regarding the standpoint from which they are evaluating to determine in which ways they are upholding fixed cultural identities; Billies (2005) further noted that “therapists with social privilege risk locating the ‘difference’ in the client,” advocating for therapists’ self-investigation with respect to identity (p.84).

Kolmanskog (2014) argued that Gestalt therapy is effective in working in a group of non- binary gender identifying individuals. He also adds that he is a gay cis-male. McMillin (2013) mentions the importance in acknowledging identity to address the efficacy of Gestalt therapy and to recognize the other intersections of identity that are in play beyond gender. Billies (2005) argued that Gestalt therapy may offer an antidote to the confluence that therapists receive from privileged identities. Senreich (2014) argued that Gestalt therapy aligns effectively with clinical social work practice, however only offers fictional examples of the use of Gestalt across identities. Plummer and Fernbacher (2016) and Fernbacher and Plummer (2006) corroborated these statements, furthering that Gestalt therapy

principles, such as phenomenology, field theory, awareness, paradoxical theory of change, and examination of whiteness for the dominant identities, are useful and necessary for self-investigation in cross-cultural discourse.

Tummala-Narra (2016) mentions an example where sexism and racism are enacted in therapy stating that

The explicit and implicit ways that certain narrative becomes dismissed and marginalized as a function of broader social injustice (e.g., racism, sexism) that is enacted in academic and professional settings...[and thus brings to issue the] conscious and unconscious processes of interpersonal interactions that shape the course of minority clients' and therapists' experiences. (p. 141)

Tummala-Narra's (2016) personal experience of a racist-sexist enactment amongst colleagues exposes the necessary exploration from therapists to further support their colleagues. This also exhibits how people in therapeutic professions are subject to peer-based racist-sexist enactments. Further exploration of how Gestalt-trained therapists navigate dynamics of power and oppression is useful for professionals to develop greater awareness of these dynamics.

Whitehead, Thomas, Forkner, and LaMonica (2012) surveyed several therapists and discovered themes as it related to transpositive practitioners' experiences of their own gender and how that informs their understanding of their

client's gender. While the results indicate that each therapist has different views of gender, the study does not address the power differences between the therapist and client's gender. However, one subject, Nicole, mentions that, "[we] have a lot of stuff in this world set up according to gender; power distribution, physical safety, bathrooms, separation of power within the home...[and] pay distribution" (Whitehead et al., 2012, p. 396). Skolnik (2016) spoke to the power that therapists, and specifically Gestalt therapists have, and the risks of abusing said power. Whitehead et al. (2012) shared the diverse perspectives of a small sample of trans-positive practitioners and show how people's views of gender are different. The study does not explore the power the therapist has as a gatekeeper, and therapist with clients. The research does imply that gender carries different connotations to different people and, thus, has the possibility of playing out therapeutically, depending on each person's connotations of gender and gender identity. As such, additional research is needed to develop a broader perspective on how Gestalt therapists navigate intrapersonal and interpersonal gender experiences.

Current literature is calling for further exploration across intersections of identity with Gestalt therapy (McMillin, 2013; Johnson, 2014a; Kolmannskog, 2014; Senreich, 2014). McMillin (2013) suggested the importance of exploring the use of Gestalt therapy with a younger age group. The current study adds to this body of knowledge by furthering the exploration of how Gestalt training correlates with

therapists' perspectives on their interpersonal engagements with clients, across different identities, specifically gender, age, race, and religion. Billies (2005) stated,

As Gestalt therapists who are committed to fullness of contact and client well-being, we should take responsibility for our behavior and the confluence contributing to it. In particular, we can accept the obligation to develop awareness of the privileges we receive based on our social locations and of the habitual interruptions we enact that support our privilege. (p.75)

Levin (2010) advocated that Gestalt therapists must find ways of attending to the spiritual and political realms. Skolnik (2016) positions Gestalt therapy as an antiestablishment philosophy, in which authenticity is not valued by society, and Gestalt therapy centers authenticity. Skolnik (2016) mentioned how Gestalt therapy has been seen as, and potential to be confrontational with the potential for therapeutic bullying.

Anti-Oppressive Practice

Burke and Harrison (1998) and Clifford (1998) stated that one principle for anti-oppressive practice is a continual investigation into how our own values and social differences, in addition to power differentials, affect others emotionally and intellectually (as cited in Dalrymple and Burke, 2006). Dalrymple and Burke (2006) further outlined several principles for anti-oppressive practice, including “[incorporate] a critical understanding of the concept of power,” and “[locate] individual problems within a social context,” (p.284). Dominelli (2004) offered a

principle, that anti-oppressive practitioners should, “[recognise] [sic.] other people, including service users, as knowing subjects and knowledge creators” (as cited in Dalrymple and Burke, 2006, p.284). Dalrymple and Burke (2006) detailed many other principles for anti-oppressive principles for anti-oppressive practitioners. Horner (2012) corroborated some of these principles, noting that it is important for white people to examine their actions and place, specifically white privilege, within the context of the United States. Further, Legge’s (2016) review of literature details research between 1997 to 2011, summarizing that anti-oppressive practice emphasizes the understanding of context as a means to examine structural inequalities rather than individual deficiencies. Siddiqui (2011) offered that anti-oppressive practice must recognize how power influences identity development. Billies (2005) noted that people of privileged social identities have an opportunity to take accountability for “quick-circuiting processes that reproduce oppression,” further stating that “[self]-reflection and commitment to change” (p. 91) take time, and is necessary for change to happen. Billies (2005) elaborated further, stating that Gestalt therapy is, in part, about confronting one’s history.

CHAPTER III

Methodology

Research Purpose and Question

Currently, there is limited research on Gestalt therapy as an anti-oppressive therapeutic modality. This study examined Gestalt therapists' experiences of gender within the therapeutic relationship and secondarily, how gender power and privilege for therapist and client affect the therapeutic relationship, from the clinician's perspective. Participants in the study were Gestalt-trained therapists who completed the requirements of their respective Gestalt therapy training program, are licensed therapists, and have been practicing for at least one year.

For the purpose of this study, gender refers to a spectrum of ways in which people identify gender including, but not limited to: gender nonconforming, gender fluid, genderqueer, cismale, cisfemale, transgender, and more. Corbett (2008) described the theory of gender that is built upon a matrix that combines one's relational, social, body, and mind; and, individuals self-determine the gender identity that fits them best.

After conducting a literature review, resources indicated the need for further investigation into gender dynamics and Gestalt therapy. However, the direction for

these future studies was still broad. With guidance from previous qualitative, theoretical, and empirical studies, it became clearer from a research standpoint that more information about how training in Gestalt therapy can be useful for further exposure in understanding gender dynamics. With this in mind, this researcher sought to answer the question, *how does Gestalt therapy training influence therapists in navigating clinical encounters involving gender identity?*

Procedure

This researcher chose to conduct individual interviews, consisting of a list of seven questions to study participants. In an effort to maintain consistency, this researcher refrained from asking any follow-up questions to each question, and at the end of the interviewee's response, moved to the next question. The following questions were asked of the participants: "What does being a Gestalt therapist mean to you? How do your clients identify with regards to gender? How does your Gestalt training inform you in navigating gender-based issues in the therapeutic relationships? How are issues of gender-based power and privilege approached within the therapeutic relationship? How does your Gestalt training help you to navigate discussions about gender within the therapeutic relationship? How do you perceive your gender identity impacts the therapeutic relationship? What suggestions do you have for further research on Gestalt therapy and identity?" (See Appendix A).

In an effort to have the least amount of influence on the responses of participants, this researcher made a best effort to focus the interview on answering the questions, and, conversations after, and during, the interviews were limited to interview content. Additionally, it is likely that this researcher being a straight, white, able-bodied, 28-year old cisgender male with education privilege, biased the results. Participants included three cisgender men and four cisgender women.

Individual interviews were chosen for this study, as the initial desire for focus groups did not receive a sufficient number of volunteers to participate. Several challenges emerged in obtaining sufficient numbers of participants for a large study. As an alternative, individual interviews provided a venue under which participants had the opportunity to explore thoughts openly. Even with this approach, the sample population remained small. There was difficulty in recruiting specifically trained Gestalt therapists for this research due to the small numbers of Gestalt therapists with completed training, and who publicly list their credentials as Gestalt therapists. There were time limitations for the collection of data, and Gestalt therapy is a highly specialized framework that few clinicians readily claim. Hence, I, as the researcher, found it difficult recruiting necessary the numbers for a larger study.

For this study, I asked the questions at the time of the interview, and participants did not have prior knowledge of the questions in this study; this may have impacted the study, as participants were asked to respond in the moment. In

asking direct questions without follow-up questions, it is conflicting with the co-created relationship that Gestalt therapy emphasizes; participants may have had additional insights had this researcher asked additional questions, specific to each participants' response. Further, this researcher values contact and the interpersonal interactions; so, while this study was generated for this author's master's in social work, this study also was generated in the hopes of providing further curiosity for participants to think more about gender in the therapeutic encounter and elsewhere.

Participants were provided an informed consent form (See Appendix C), which was signed by both the participants and this researcher, and a copy provided to the participants. In order to ensure confidentiality, informed consent forms were kept separate from the transcriptions and collateral data. Hard copy informed consent forms are kept locked, while transcriptions, audio recordings, and coding are encrypted and password-protected and are kept in a separate location accessible only to this researcher.

Participants

Participant inclusion criteria included: a) have at least one year's experience working with clients in therapy as a therapist; b) have completed Gestalt therapy training; and c) be willing to share personal views about Gestalt therapy in an interview. For this study, there were no exclusionary criteria. The sample size was seven (n=7) participants for this study.

Participants were asked to fill out a demographic form, which included an open answer to the participants' age, race, (dis)ability status, and age (See Appendix B). Participants were provided the demographic questionnaire prior to the interview. Participants were then interviewed and audio-recorded. These audio-recordings were then transcribed, coded and examined for themes by this researcher. Interviews took place in person and by phone, per each participants' preference.

Sample

Participants for the study were solicited by email through alumni lists from Gestalt institutes across North America inviting them to participate in the research study, through purposeful and snowball sampling. This researcher has attended several courses offered through the Gestalt Institute of the Rockies and was able to directly email the alumni list. The Gestalt Institute of Toronto, Gestalt Institute of Cleveland, Gestalt Institute and Relationship Center of New Orleans, Gestalt Institute of Central Ohio, Gestalt Institute of Georgia, and The Gestalt Center for Psychotherapy and Training were also contacted to solicit participants. This researcher spoke with, by phone, text message, and email, persons at each institute to obtain permission to get in touch with alumni. Additionally, participants were sought out through Facebook posts in groups in which this author is involved, and participants were also solicited through this researcher's Facebook friends referring them to this researcher.

In an effort to reach out to the participants, this researcher drafted an initial contact email (See Appendix D), a Facebook post (See Appendix E), and a flyer (See Appendix F). Each item provided this author's contact information, inclusion criteria, and purpose of the study.

Data Collection and Analysis

A smartphone audio recorder was used for recording interviews; for in-person interviews, a pair of clip-on microphones was used. For phone interviews, an App called TapeACall© was used. Interviews ranged between 7 and 40 minutes. I, then, on a computer transcribed audio recordings personally, which proved to be challenging to ensure that each word spoken was recorded correctly. Data analysis began with coding, and then developing themes between participants that relate to literature, as well as seeking new themes specific to the study population.

CHAPTER IV

Findings

In this chapter, I present the findings from the research question, how does training in Gestalt therapy influence therapists in navigating clinical encounters involving gender identity? I begin with noting the demographic information of the participants and then provide participant responses to the seven interview questions: (1) What does being a Gestalt therapist mean to you? (2) How do your clients identify with regards to gender? (3) How does your Gestalt training inform you in navigating gender-based issues in the therapeutic relationships? (4) How are issues of gender-based power and privilege approached within the therapeutic relationship? (5) How does your Gestalt training help you to navigate discussions about gender within the therapeutic relationship? (6) How do you perceive your gender identity impacts the therapeutic relationship? and (7) What suggestions do you have for further research on Gestalt therapy and identity?

Demographic Information

Seven people participated in this study. One hundred percent (n=7) of the participants identified as white. Forty-three percent (n=3) of participants identified

as male, while fifty-three percent (n=4) of participants identified as female. One hundred percent (n=7) reported not having a disability. Seventy-one percent (n=5) of the participants reported being between the age of 30 and 50 years old, while 29% (n=2) reported being between 51 and 70 years old. See Table 1 (below) for participant demographics.

Table 1 – Participant Demographics

DEMOGRAPHICS	NUMBER	PERCENTAGE
RACE		
White	7	100%
GENDER		
Male	3	43%
Female	4	57%
(DIS)ABILITY		
No Disability	7	100%
AGE		
30-50	5	71%
51-70	2	29%

On Being a Gestalt Therapist

Participants responded first to the question, “What does being a Gestalt therapist mean to you?” There were several themes that emerged from the majority of participants’ responses: relationship, contact, authenticity, here-and-now, and the use of experiments to adjust awareness.

Eighty-six percent (n=6) of participants mentioned that being a Gestalt therapist is about being in relationship, in contact, and being authentic. One participant, Kris [fictitious name], said Gestalt therapy “is really about being in the relationship and providing like a felt sense, but an experience for the client, and also me as the therapist. That’s something that’s shifted for me as I’ve been trained in Gestalt is just sort of the honoring and acknowledgement of my experience as the therapist, being an important piece of the puzzle.” This percentage suggests that the majority of participants in this study see Gestalt therapy as encouraging the therapist to acknowledge that their experience is equally important in the therapeutic relationship. It was observed that five of the six participants (83%, n=5) attended the same Gestalt therapy training institute, which may suggest a pollination effect among Gestalt institutes, which means congruent training among these Gestalt-trained therapists.

Of the six participants who addressed Gestalt therapy being in relationship, in contact, and being authentic, 67% (n=4) also mentioned that being a Gestalt therapist involves attending to the here-and-now. It is also significant that these

four participants attended the same Gestalt therapy training. Gal [all names are fictitious] summed up the intersection of these two themes by saying, “I know how to do relationship and contact, and meet clients, truly where they’re at...and I believe that’s from Gestalt training. I feel I am able to be more vulnerable as a human being, so Gestalt [therapy], to me as a therapist, also translates into a way of being.” All four of these overlapping responses between these categories came from Gestalt therapists trained from one specific institute suggesting congruent training from this institute in particular.

Seventy-one percent (n=5) of participants mentioned that being a Gestalt therapist is about attending to the here-and-now. Rain mentioned, “I am not very interested in stories, I am more interested in what is alive right now, rather than sort of a sequence of events of what led to where you are now. I want to start with the now.” And, Lief’s perspective corroborates this, with more emphasis on the purpose, stating “I feel like [Gestalt therapy] has the ability to follow where a person’s aliveness and longing for health is leading.” Of these responses, 80% (n=4) came from individuals trained at one specific institute. It seems that participants corroborate the value in the here-and-now aspect of Gestalt therapy, as part of their therapeutic practice.

Fifty-seven percent (n=4) of participants mentioned that being a Gestalt therapist is about bringing what is unaware to awareness through the use of experiments. Participants referenced different means of bringing to awareness what

is unaware. For example, Rain mentioned, “I am interested in experimenting with my clients, kind of setting up scenarios and situations and then exploring moment by moment how that feels.” While, Tal said, “part of the process is to, as I understand, disturb the homeostasis of the client, what this means for me is to help the person be aware of what they are not aware of and sort of amplify that through a series of techniques.” These differences may suggest how each participant finds a means of integrating Gestalt therapy in their own personal way. And, it seems important to mention that part of Gestalt therapy encourages therapists to bring the mindset that therapy broadens clients’ awareness.

Of the 57% of participants that spoke about Gestalt therapy being about bringing from unawareness to awareness, each respondent (n=4, 100%) also mentioned that Gestalt therapy is about being in the here-and-now. Seventy-five percent (n=3) of these respondents were trained at the same Gestalt training institute. Kris, from the majority’s institute said, “being a Gestalt therapist is about experience, experience in the room, but not like what experience I have, or client necessarily has, but offering experiences in the room or in the activity, whatever the therapeutic modality is, rather than just having a conversation about something, is really about being in the relationship and providing like a felt sense, but an experience for the client, and also me as the therapist.” In agreement, Rain, who attended a different institute said, “I am interested in experimenting with my clients, kind of setting up scenarios and situations and then exploring moment by

moment how that feels and what reactions and responses come up. It means that I am not very interested in stories, I am more interested in what is alive right now, rather than sort of a sequence of events of what led to where you are now. I want to start with the now.” These similarities and or overlap in participant responses suggest that, despite being trained at different places, Gestalt institutes have congruent themes in training.

Client Demographics

Table 2 –Participants’ Client Demographics

GENDER	NUMBER	PERCENTAGE
Male	6	87%
Female	6	87%
Non-Binary	4	57%
Did not specify	1	14%

The second question to which participants responded was, “How do your clients identify with regards to gender?” Table 2 (above) illustrates the breadth of participant responses, ranging between male, female, non-binary, and did not specify. For the purposes of this study, non-binary is the category I will refer to as an umbrella to include transgender male, transgender female, gender non-conforming, genderqueer, genderfluid, and beyond.

Of the seven interview participants, 87% (n=6) work with male-identifying and female-identifying individuals. Fifty seven percent (n=4) of research participants have worked with people who identify either as transgender, intersex, neither male nor female, or trans. One participant, who did not disclose clients' gender identities stated that the work for clients is to "express who they are, express what they feel, and connect with that reality from an experiential standpoint, so really feel into who they are, not simply thinking and identifying with their thoughts...not just defining that with their heads and their classifying themselves." Two participants noted that they work with adolescents and that gender does not get discussed explicitly with their clients. Additionally, during this question, three participants of the five who work with adults (60%, n=3) brought up sexual identity in addition to their answer regarding gender; this may indicate some correlation between gender identity and sexual orientation. None of the participants in this study claimed to be experts on gender or worked with a majority of individuals who identify different than cisgender male or cisgender female.

Gestalt and Gender-Based Issues

I also asked participants, "How does your Gestalt training inform you in navigating gender-based issues in the therapeutic relationships?" Responses from participants included questioning their own biases and trusting the client as the expert of their own experience.

Seventy one percent (n=5) responded with statements regarding their own personal inquiry. Mica noted, “the more I work on me and respect me, and embrace what goes on inside of me, I am more able to show up the same way with clients.” Anaan elaborated, “my training was largely focused on being in touch with my own, as much as I can of myself, and in relation to others.” Of these five individuals, 80% (n=4) attended the same Gestalt training. It seems that there is a congruity between Gestalt institutes in training individuals on self-exploration.

Seventy one percent (n=5) of respondents also referenced that Gestalt training has taught them to trust the client as being the expert of their own experience, with respect to gender, and in therapy in general. Rain stated, “each person gets to determine their own identity that everybody has a choice in terms of how they identify, in determining, based on their own experience, in determining their own identity, that’s one of the main Gestalt tenants—that you are your own expert on your own experience, and therefore only you get to decide your own gender identity.” Mica stated, “If there’s things I don’t know about, I invite them to teach me, um, and that way I am more capable of being in the room with them with understanding and compassion, and vulnerability.” It seems that Gestalt therapy training is congruent in how individuals in this study, across three different institutes, practice trusting their client as the expert of their own experience in addition to recognizing that the therapist is not the expert.

Between the interviewees that responded with their own personal inquiry and stated that the client is the expert to their own experience, eighty percent (n=4) mentioned both in their answers to this question. Anaan stated, “Rather than have preconceived ideas as to, as much as I can, so I try to notice when I have preconceived ideas coming up and my own bias, and I try to be aware of that so I can create a space where my client can have their own sense of identity, so that it is not unfairly influenced by my own.” With a combination between the themes of this question being the client is the expert and emphasis on therapists’ personal inquiry, it can be inferred that these are two important parts of the therapeutic relationship for Gestalt trained therapists.

Gender-Based Power and Privilege

The fourth research question was “How are issues of gender-based power and privilege approached within the therapeutic relationship?” Kris stated, “I work primarily with adolescents so I don’t know that I broach the topic really directly.” This brings to light that it can be very demographic-dependent whether or not gender-based power and privilege are explicitly discussed within the therapeutic relationship; and Carline highlights that other differences, such as age, might be more present in the therapist’s awareness. Gal spoke about identifying as a white female working with a Black family and noted, “I also address issues of culture and identity openly with my clients, again for an example, recently I had a client who is Black, and we talked about what it means for him to be, so open and honest,

transparent; I'm also willing to answer questions for them, if they have any, that I just acknowledge our differences sitting in the room, especially of power, being a white female." Themes that emerged from the majority of research participants include stating the obvious, taking personal responsibility, and trusting the relationship with the client.

Fifty seven percent (n=4) of participants responded, noting that they bring awareness to what is obvious with their clients, with regards to power and privilege in general, some referencing race, gender, and sexuality. Tal stated, "Gestalt is the psychology of the obvious; the clear thing is that everyone is white with the exception of one person and in the first class, we named it, I just asked, 'what is obvious in this group?' That's what, you know, state what is obvious to you." Anaan mentioned to "first acknowledge that as a reality and social phenomenon and that it is a real, real thing. And then to try to bring that to awareness of how that might be impacting our current session." Gal stated, "I just acknowledge our differences sitting in the room, especially of power." Broadly, participants noted differences in how they acknowledge the obvious, and the majority of participants stated in different ways how they use what is obvious, in therapy, under the influence of Gestalt therapy training.

Fifty seven percent (n=4) of participants also mentioned how, through their training in Gestalt therapy, taking their own personal responsibility for, and encouraging their clients to take responsibility. Tal said, "work with Gestalt brings

the possibility to see how do I own in myself what I see in others, you know, what I say 'oh, this is such a disgusting quality' or 'I'm not like that' or 'I'm not like this' ...my interpretation of Gestalt is that we have all those qualities in ourselves the things that we-other, the things that we [say]'no, this belongs to another group,' in some form, in some intensity, in some degree, we have those qualities in ourselves. And I think that Gestalt work can help us own some of that. And after we feel that, we are not so much different than the other, we can relate more to the other and perhaps find a way to actually connect, but if we're like really seeing that 'oh I can't even relate to those qualities because I am disowning them so strongly in myself,' there's no relating—[it's] not going to be possible, connecting, you know, having a dialogue and, you know, I think that those are some of the things that are badly needed and you know, our worlds today I think it always was that we have to be able to relate to what we think is opposite and different and I think Gestalt can be a good tool to do that." Anaan said, "[I] to try to bring that to awareness of how [power and privilege] might be impacting our current session, how I might be contributing to that power differential as a man and how she is experiencing that and contributing to that dynamic." Gal, similarly said, "I just acknowledge our differences sitting in the room, especially of power, being a white female, totally holding more power than a Black male in this culture, so I acknowledge that in my session, not just with the adolescents but with their families as well." Mica stated, "entitlement goes both ways, gender bias, I believe goes both ways, and women can be just as oppressive as

the men they accuse of being oppressive, so those things are looked at with as much vulnerability and honesty as both the group and I can handle.” It can be inferred that there is a high value placed on personal responsibility by Gestalt trained therapists as evidenced by the narratives above.

Eighty six percent (n=6) of participants stated that they navigate issues of gender-based power and privilege with the relationship between therapist and client. Tal stated, “[I] think our job is to just, just bring awareness to and look at this dynamic and so yeah I think it’s a challenge how, how do we do that and how do you want to do that and how do I do that in a large scale but in each way, I am doing this work of supporting, doing this work of supporting this work of bringing awareness to the imbalance of power, you know, how do we shine light on that and not, you know, not keep it in the shade.” Lief noted, “I’ve also been involved in couples therapy and family therapy around these issues, because of course in some families, it’s very volatile when there’s a child who, or young adult who’s choosing not to be identified with the family norm, and what does that mean then in terms of its impact on the family system as well as on the individual,” which suggests that issues of gender-based power and privilege can be navigated in relationship with other family members and not just the therapist. Rain noted, “I strive to fight for gender equality in the therapeutic relationship, meaning that I use the therapeutic relationship as a context for working on the issue of gender equality in our society.”

The variety of narratives above offers different insights and ways each Gestalt trained therapist trusts the relationship between therapists and their clients, when navigating terrain that involves gender-based power and privilege.

Gestalt Training and Discussing Gender

Participants were asked the question, “How does your Gestalt training help you to navigate discussions about gender within the therapeutic relationship?” Salient themes that emerged from participants’ responses include therapists trusting the relationship with their clients, therapists building an awareness of their own biases, the use of field theory, and trusting the client’s experience.

Eighty six percent (n=6) of respondent mentioned that their Gestalt training informs them through trusting the relationship when navigating discussions about gender. Tal stated, “the Gestalt attitude, the relationship part of I-Thou, suspend, put judgments in a bracket meet the person, meet the obvious, help the person manifest and express who they are, what they think, play with ‘now be the opposite of that,’ ‘be who you disagree with.’ If there’s no relationship, you can apply all Gestalt techniques, and they’re gonna, you can only go so far.” Kris explicitly references Gestalt training, saying “I can just come back to that relationship and trust the relationship and how I show up in the relationship and contact if things get hard or sticky, emotional, whatever happens in the sessions and I think I owe that to my Gestalt training, being a Gestalt therapist.” The majority of participants referenced the importance of relationship under this question, which suggests

Gestalt therapy training includes experience of working relationally with clients; and, additionally, how the therapeutic relationship seems to be important, according to Gestalt therapists, when engaging in therapeutic interactions about gender identity.

Seventy one percent (n=5) of interviewees mentioned that their Gestalt training encourages their awareness of biases when navigating discussions regarding gender. Tal stated, “I think [as] a Gestaltist, I would just get so triggered, not that I don’t get triggered and surprised anymore, but I just feel more comfortable knowing that, that’s kind of my own shit, shit will happen, and you know I can feel more present, that I am meeting more people, that I am being more with after Gestalt training, for sure.” Similarly, Rain stated, “my Gestalt training, it helps me break away from assumptions and sort of consensus reality in that I try to apply, I try to just be in the present moment with the client and be with what they are bringing in, without sort of, I mean this is really hard, but I try to leave assumptions and consensus reality outside.” It seems that Gestalt’s emphasis on awareness has emphasis across the three institutes, as individuals from three different institutes mentioned awareness in this question.

Fifty seven percent (n=4) of participants mentioned field theory in their responses. Broadly, Rain commented, “my Gestalt training has really helped me to accept more of a grayscale in all aspects of life and that also applies to gender. So, I don’t necessarily expect somebody to be either one or the other, but somewhere on

a spectrum.” Tal stated, “the more I stay in the field, the more, the closer I feel to people and their reality. It’s like I feel there is a progression and an evolution of being able to be with whatever people bring, and that includes issues of power, gender, difference, privilege, dynamics of power, superiority, inferiority, even though oppression, oppressing within very much family systems.” With a majority of respondents mentioning the field, it can be inferred that Gestalt therapy’s field theory influence impacts the interview subjects and, further, there is a use of field theory in Gestalt therapy for Gestalt trained therapists.

Seventy one percent (n=5) of interview participants responded noting that Gestalt training has assisted in their trusting the client’s experience. Kris stated, “when I got into my Gestalt training, there was sort of a permission to push that edge, that people’s systems will adapt and allow them to enter into that activation if they want to, if they feel safe, rather than me as the therapist controlling it, and I’m thinking similarly to conversations about gender and oppression and privilege, that pre-Gestalt training, I would not have felt as courageous to address those topics just as comfortably, [and after] I got into my Gestalt training, there was sort of a permission to push that edge, that people’s systems will adapt and allow them to enter into that activation if they want to, if they feel safe, rather than me as the therapist controlling it, and I’m thinking similarly to conversations about gender and oppression and privilege, that pre-Gestalt training, I would not have felt as courageous to address those topics as, just as comfortably.” Mica mentioned, “when

it's not discussed and other things are coming up in the group that the group wants to work on, then I honor the group's decision and go in the direction the group wants to go." It seems that Gestalt training offers therapists permission and an experience of comfort in following clients' lead and trusting that the client is the expert of their experience. As Rain stated, "everybody is the expert on their own experience." With a majority of participants referencing that trusting the client as expert to their own experience, it is likely that clinicians ought to refer to the client as possessing the necessary experience to state their own experience with regards to gender and gender identity.

Of the six participants (86%, n=6) that responded stating that trust in the relationship is something that they learned through Gestalt training, 67% (n=4) also mentioned that having an awareness of their own biases is important when navigating discussions about gender within the therapeutic relationship. Additionally, of the six (n=6, 86%) participants that responded stating that trust in the relationship is something that they learned through Gestalt training, 67% (n=4) also mentioned that trusting the client's experience is important from their Gestalt therapy training to navigate discussions about gender with their clients. These multiple intersecting categories suggest the importance of the individual experience of the therapist, client, and that of the relationship between the two. With the combination of experiences from the therapist, the client and the space between the

two, these are arguably key pieces to relationship. As such, these factors have the potential to indicate the importance of relationship from Gestalt therapy training.

Therapist's Perception of Gender Identity Influence in Therapeutic Relationships

Participants were then asked, "How do you perceive your gender identity impacts the therapeutic relationship?" Participants' responses highlighted themes including therapists' self-examination and therapists' sense of gender identity.

One hundred percent (n=7) of participants mentioned that self-examination is important in their responses. Tal responded, "this journey as a therapist and a human being is like shining light to the parts of ourselves that we are not aware of. And, when we think we know something, and now we are clear, and now we are transparent and authentic, another little level of authenticity becomes available and possible and another Gestalt opens and there's another piece of ourselves to take on the shit for." Kris stated, "because I am [a heterosexual female], that's what shows up in the room, that people, when they're connecting with me, that's what they have a sense of is 'wow, [Kris], is secure in who she is, she's going to be a base for me, she's pretty self-aware, so when things come up, I don't have to worry about her.'" Mica said, "I find that my ability to show up from a vulnerable place allows me to notice where there are hindrances to their showing up from a vulnerable place and my time as a therapist sort of informs me as to whether or not to talk about it or identify it or let it go for now." It seems, from these responses, that participants

value having a sense of self, and the opportunity to share their solidity with their clients in a vulnerable way. Furthermore, it is significant that all participants referred to self-examination in their answers. This could be due to Gestalt therapy training putting significant emphasis on trainees' self-examination.

Eighty six percent (n=6) spoke to the importance of having a sense of their gender identity. Lief responded, "I think working with men who have been really wounded by women, you know, particularly if they have some kind of narcissistic wound, I think it is difficult for them to be receptive to the possibility that I am empathetic. They are so defended, um. And, I'm pretty comfortable challenging them when they start to be bullies, you know, it can actually create really challenging moments in therapy. For them to believe that I am still on their side even though I am challenging them, following them in their process, you know, I am not their enemy." Gal stated, "I feel like as a female, I can embrace that archetype of like the mother, like this holding, loving, nurturing, caring quality and I believe that my clients respond to that, safe, is another word I would use." Mica said, "I'm a male, I'm 70, I come from an era that most folks don't come from and I keep that in mind." It can be inferred from these responses, that having a sense of self regarding the therapist's gender identity, and other identities the self is comprised of, is important when working as a Gestalt therapist, regardless of the combination of gender identities in the therapeutic relationships. Similar to the potential emphasis

on self-examination that Gestalt training seems to have, participants seem to report having a greater sense of self as a result of, or in correlation with, Gestalt training.

Of the seven participants that referenced self-examination in their answers, 86% (n=6) of participants also mentioned the importance of having a sense of their gender identity in their responses. Anaan responded, “I’m a guy and I can just be, be this kind of pushy way, because that’s what is desired or admirable. Essentially, owning my aggression in a way that allows me to stay connected and have an impact on my client regardless of if it’s a male or female, regardless of what might be coming up for me in terms of power struggles, so male-male power experiences are something certainly that comes up sometimes, and so I try to notice what’s historical for me and relationships with men or women, and stay connected which requires some aggression to have an impact.” Anaan defined aggression, stating that, “aggression in Gestalt therapy is taught as healthy energy that is necessary to create change to grow.” Kris mentioned, “I present, represent myself as more feminine than I have historically when I was younger. But now I feel like that’s been really steady and stable, and I feel really secure in my gender identity, so I feel that that’s the impact that I have, is just sort of the security of who I am in showing up as me.” Of note, 100% (n=5) of individuals from one institute mentioned the importance of self-examination and sense of self in their responses. With such overlap between these two categories, it is possible that Gestalt training has an impact on how therapists have learned through self-examination, which has

possibly manifested in a greater sense of self. While a full sense of self might be possible, Tal stated, “I don’t know I think this is an ongoing process you know and there might be ways that I show up in relationship that are shady that are not clear...I’m sure this journey as a therapist and a human being is like shining light to the parts of ourselves that we are not aware of,” which highlights the perpetual exploration of self-discovery. The combination of a greater sense of self, with emphasis on gender identity, coupled with self-examination suggests a causal relationship between self-examination and self-identity.

Participants’ Interests Regarding Further Research on Gestalt Therapy

Participants responded to a final question of, “What suggestions do you have for further research on Gestalt therapy and identity?” Not all participants responded to this question, and below, is each respondent’s exact answer for future research.

Tal posed the question, “what are the benefits of this type of practice in different populations?”

Anaan stated, “I think there’s a lot more research that’s needed in all areas for Gestalt therapy. But particularly for identity, I like the idea of developing some clarity or some body of evidence that supports how identity is created, or is a co-created experience that occurs with other people in a field experience rather than as this kind of isolated being that, that’s coming into an experience. I think any research that can demonstrate that identity is always forming in the context of

what's happening, a response to a situation and the needs of both the person and their field, I think that would be great, and I think proving that this idea that if we are more fluid and flexible in identifying with ourselves and what is happening in the situation to respond, that, that is the definition of health in Gestalt theory, because that would support the work that we are doing, and give it credibility, that the idea is to grow flexible, which doesn't mean abandoning your sense of identity, it means expanding it to include others and create growth and kind of health for the individuals and the system."

Mica said, "I think Gestalt therapy is about identity and so more time in the hot seat equals better experience with identity. So, my training in Gestalt was being in the hot seat and so that involved stripping off more layers of who I am, allowing me greater opportunity to see what lives inside of me as a person, and emotionally, and it gave structure for how to deal with that."

Lief said, "I'm also wondering about children who have gender, diversity in the roles of their parents, whether they are gay parents, or parents of their own gender diversity, of other kinds of gender diversity, or sexual orientation diversity, how is that going to raise up young adults who think very differently about what it means to be male or female, and how is that going to impact marriages, and how couples navigate forming roles and the sharing of responsibilities or practices, I don't know, I'm just really, I think that's, that's something we didn't cover much in

here, but I'm thinking that is going to be the next, you know as a child, I'm growing up in a household where those roles are reversed from the tradition, or they are just divvied up differently, how is that going to change my expectations for how I want to be partnered, and how I might want to stay at home or not, you know, if I want to be the full time care giver at home, or combinations of career and being at home."

Lief also asked, "what does it mean for so many of these individuals who have ended up being trafficked or a part of the trafficking industry in one form or another. So, and since that's such a huge global and I would use the word criminal, activity, that's, that's a big part of it as well. That would be another where you could do research in; and how has that community created family for individuals of this kind of diversity? Gender and sexual diversity. And then what does that mean for the future?"

Last, Rain posed questions, saying, "I think the interplay of identity and Gestalt would be really interesting to explore more how do you identify while trying to stay in the moment, while trying to have moment to moment awareness which, of course, is always changing. What is the process of identity like? How do you figure out how you identify when you are trying to live based on Gestalt principles? I'm still seeing if there's more, hold on one second. And I guess I would be interested to see if identity gets in the way of practicing Gestalt principles, yeah, does identity get in the way? Is it too fixed, is it too static? And then also does Gestalt keep you from, from having identities?"

CHAPTER V

Discussion

This study offers insight into how a sample of seven individuals, consisting of three cisgender men and four cisgender women who trained in Gestalt therapy, reflected upon their experiences of gender within the therapeutic relationship, and their perceptions of how gender power and privilege for therapist and client affect the therapeutic relationship. Participants' responses highlighted the value, from a Gestalt therapy perspective, of authenticity, ability to question biases, self-examination, personal responsibility, and the therapist's sense of their own gender identity. Additionally using their Gestalt training as the foundation for their responses, participants in this study corroborated on how Gestalt therapists understand and apply principles of authentic connectedness when trusting the client to be the expert of their own experience, use of experiments in the therapeutic interaction, addressing the here-and-now, stating the obvious, and being aware of these dynamics are used to understand and address interactions surrounding gender in the therapeutic process. Participants also frequently spoke of the importance of relationship and contact throughout the study.

Senriech (2014) mentions that social work values, “social justice, the importance of human relationships, and dignity and worth of the person,” which can be combined with oppression theory and critical race theory (p.55), are significantly related to Gestalt principles. In an effort to strengthen clinical practice and to show the strengths of Gestalt therapy, I offered Gestalt therapists an opportunity to share their training, and to share the efficacy of their training in Gestalt therapy. Through the current study, I offer further insight into how training in Gestalt therapy may be used to navigate working across gender-based power and privilege between therapists and their clients. This may lead to further exploration of navigating power and privilege dynamics associated with other identities, as well.

Dalrymple and Burke (2006) called for practitioners who practice anti-oppressively, to engage in investigating their own cultural history, develop a familiarity of others’ histories, and have an awareness of structures of power. The current study adds insights into how some Gestalt therapists’ orientation is directed towards an ongoing self-exploration, in addition to furthering awareness regarding structures of power. Levin (2010), Billies (2005), Johnson (2014a), Kolmannskog (2013), and Skolnik (2016) advocate for the contemporary use of Gestalt therapy, often mentioning that the philosophy behind Gestalt therapy encourages contact, adaptation, consideration of the environment, phenomenological orientation,

emphasis on awareness in the here-and-now, and especially trusting the client to be the expert of their own experience. Beisser (1970) mentioned the *paradoxical theory of change* which states, “*that change occurs when one becomes what he is, not when he tries to become what he is not [sic.]*” (p.77); Beisser (1970) continues, “[the] Gestalt therapist asks simply that he be what he is at the moment...The therapist, himself, is one who does not seek change, but seeks only to be who *he [sic.] is*” (p.80).

With regards to systemic and institutionalized prejudices, specifically sexism, misogyny, and transphobia, in this study, Beisser (1970) stated that the principles of the paradoxical theory of change “are relevant to social change, that the individual change process is but a microcosm of the social change process” (p.80); Beisser (1970) further stated that white, black, rich, poor, young, and old people are compartmentalized and that “[we] must find ways of relating these compartmentalized fragments to one another as levels of a participating, integrated system of systems” (p.80). Theoretically, the philosophy behind Gestalt therapy is complementary to anti-oppressive practice principles. And, the current study corroborates similar frames of mind as McMillin (2013), in which age differences in participants suggest different generations of thought regarding identity and it’s importance in therapy and the sociopolitical climate. Social justice in social work calls for a heightened awareness from social workers. The current study offers further insight into how Gestalt therapy may serve clients, social workers, counselors, psychotherapists, agency workers, and the additional roles that interact

across differences and similarities we have with people with respect to identity. This research has the potential to include Gestalt therapy as an anti-oppressive therapeutic tradition that social workers can gain further insight and choice in pursuing in depth service for our clients.

The data obtained from the survey used in the current research also has potential to provide opportunities for further analysis of specific therapeutic modalities in relation to anti-oppressive practice. It also provides a broader understanding of how individual's gender roles affect relationships in groups. Questions posed to the study participants in this study can also be creatively adjusted to conduct further research to discuss identities such as socioeconomic class, race, age, ethnicity, ability, and beyond. Admittedly, my own passion is to validate Gestalt therapy as a contemporary modality that is congruent with anti-oppressive practice; and, I did not expect clinicians to perform "perfectly." Instead, I believed, and continue to believe, that through discussion, Gestalt therapists reveal the use of Gestalt-informed practices for interpersonal and therapeutic engagements that are congruent with anti-oppressive practices.

This study also emphasized the need to build a greater sample size to investigate how gender interacts in therapy and, specifically, how other Gestalt-trained therapists address gender, when appropriate. That said, there is a plethora of intersecting identities of which to choose to examine Gestalt therapy's use as an

anti-oppressive approach. Developing additional reference points for exploring identity in therapy will build upon individual experiences and contribute to both illuminating the social construction of identities and the use of Gestalt therapy in working with, and addressing, identity, power and oppression in the therapeutic relationship.

As a Gestalt therapist in training at the Gestalt Institute of the Rockies (GIR), I am committed to the Gestalt community to contribute to the current knowledge base of the efficacy of Gestalt. Gestalt theory is atheoretical, however for the purpose of the current study, I referred to Gestalt as Gestalt theory. In that, Gestalt is an atheoretical experientialism, as described by Naranjo (1993) that focuses on the I-Thou relationship developed by Buber (1923), phenomenology, and the theory that a person's whole is greater than the sum of their parts. I also came to recognize the stigma that Fritz Perls received and societal judgment of both him and his use and creation of Gestalt therapy in the 1960s (Clarkson & Mackewn, 1993). I agree that Fritz's use of Gestalt therapy oftentimes enacted oppressive dynamics with clients and, without proper education, Gestalt trained therapists are subject to enacting oppressive dynamics in therapy and in relationships, specifically engaging in I-It relationships, rather than the I-Thou relationship that Buber (1996) posits; arguably, the I-It relationship is how people engage with their own prejudices towards people.

I believe that the experience and training provided by the Gestalt Institute of the Rockies offers a means for individuals to more relationally engage with clients. From personal experience in investigating my privileges as a heterosexual, white, able-bodied, cisgender male with class privilege, I attribute a great deal of my self-exploration to my training from the faculty and colleagues at the Gestalt Institute of the Rockies. Gestalt theory provides a philosophical framework and set of values that encourages recognizing the infinite parts that people are comprised of, including social constructions that privilege empowers certain identities at the cost of oppressing others.

Specific to findings from the current study, it became clear that the Gestalt therapists in this study, though many times using different words to address the interview questions, were using the same foundations of learning and similar processing of information. This became critically clear after reviewing the demographic data and learning that 5 of the 7 participants in this study received training and certification from the same training Institute. The remaining two Gestalt therapists, though from different Institutes, held similar philosophies. There was not a clear picture on how gender identity was actually addressed by the clinicians but there was a clear presentation that all therapists were very aware of the existence of gender and privilege in the therapeutic relationship. And while the majority of participants in this study spoke of their clinical experiences over their

personal daily life interactions, their interactions were consistently examined through the lens of varying Gestalt values, supporting the idea that Gestalt therapy is interpreted in many ways. The participants in this study were clearly influenced by Gestalt therapy in formulating their responses to the interview questions, although there was no clear consensus on how they addressed the existence of gender and privilege in the therapeutic relationship. What was evident from the participants in this study is that Gestalt therapy is perceived as a complete, complex, and highly developed approach to human psychological functioning, and that focusing on the present, the here-and-now, is much more important than dwelling in the past.

The consistency in responses among participants in this study affirmed the influence of Gestalt training upon their therapeutic interactions with clients; and largely supports other, though small in number, empirical studies that acknowledge clinician awareness, verbal and non-verbal communications, experiments with empty chair technique and psychodrama, valuing and respecting the client as a whole person, the owning and expressing of emotions, and working in the here-and-now.

Study Limitations

This study was not without limitations. Most immediate was the small sample size, which limits the generalizability of this research to the study population. Another potential limitation is the observation that 5 out of the 7

participants reported certification from the same Gestalt training institute, which presented dominance. However, the overwhelming similarities in responses and expressions of all participants spoke to the collective teachings of Gestalt therapy and the high structure for certification. Racial, cultural, and ethnic diversity was also under-represented in this study. Recommendations for future research include a larger sample size, greater participant diversity, focus groups and interviews for cross data collection, interviewing clients of Gestalt therapists, and greater variance in population age and certification training institutes.

I am a white, able-bodied, cisgender man with higher education privilege, in addition to class privilege to attend the Gestalt Institute of the Rockies. Thus, my identities inform me in ways that I am both aware and unaware of, in addition to the specific information that each participant provided that I filtered for congruency and, thus, statistical significance. It is likely that someone else would both interact with participants, conduct, read, analyze, and write this study much differently with different results. It is important for studies on Gestalt Therapy to represent both participants and researchers who possess lenses from identities that are from a different perspective than my own.

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APPENDIX A: Interview Questions

1. What does being a Gestalt therapist mean to you?
2. How do your clients identify with regards to gender?
3. How does your Gestalt training inform you in navigating gender-based issues in the therapeutic relationships?
4. How are issues of gender-based power and privilege approached within the therapeutic relationship?
5. How does your Gestalt training help you to navigate discussions about gender within the therapeutic relationship?
6. How do you perceive your gender identity impacts the therapeutic relationship?
7. What suggestions do you have for further research on Gestalt Therapy and identity?

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)

APPENDIX B: DEMOGRAPHIC INFORMATION

Demographic Information

Age: _____

Race: _____

Gender: _____

Ability:

- Visible Disability
- Invisible Disability
- No Disability
- Other: Please specify: _____

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)

APPENDIX C: Informed Consent



SMITH COLLEGE

2016-2017

Consent to Participate in a Research Study Smith College School for Social Work • Northampton, MA

.....
Title of Study: The Role of Gender in Gestalt Therapy: The Clinician's

Perspective Investigator(s): Borkan, Benjamin Δ bborkan@smith.edu
.....

Introduction

- You are being asked to be in a research study of Gestalt Therapist's perspective of gender in therapy.
- You were are eligible to participate because you have completed Gestalt training and are certified as a Gestalt Therapist, and have had at least one years' experience working with clients in therapy as a therapist; individuals can be licensed professionals (LSW/LCSW/LPC/LMFT) or, if located in Colorado, Registered Psychotherapists.
- Finally, you need to be comfortable in sharing personal views about Gestalt Therapy in an interview. We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to get a better grasp of Gestalt therapist's contemporary understanding of gender identity in the therapeutic relationship.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
 - Provide demographic information, including age, race, gender, and (dis)ability status.
 - Participate in an interview, lasting up to one hour.

Risks/Discomforts of Being in this Study

- The study has the following risks: first, participating in an interview involves speaking about personal and professional views and experiences. Second, talking about gender with this researcher may be uncomfortable.
- You may also withdraw from this study after the interview, as late as March 31, 2017 at 12pm.

Benefits of Being in the Study

- The benefits of participation are:
 - Develop a greater awareness of comfort in discussing gender

- The benefits to social work/society are:
 - Contribute more Gestalt therapist's perspectives to social work research
 - Provide social work with a greater understanding of Gestalt training as it relates to Gestalt therapists

Confidentiality

- Your participation will be kept confidential. Your participation will not be shared with anyone. All transcripts will be de-identified, encrypted in an archived file, and statements with numbers that associate to your name on a separate document which will be password protected and kept in a separate encrypted archive. Any and all direct recordings will only be accessible to Ben Borkan (MSW Candidate and Researcher) and Narviar Barker (Thesis Advisor). All data collected, upon completion of this thesis, will be stored in a password-protected archived file.
- Hard copies of paperwork (demographic data) will be assigned a number with names kept separately. Once entered into a computer, these hard copies will be shredded upon completion of this thesis. The records of this study will be kept strictly confidential; your participation is invaluable and if there are any additional steps you would like Ben Borkan to take to ensure your confidentiality, please do not hesitate to ask.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- This researcher will buy you a nonalcoholic beverage of your choice for participating.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may choose to withdraw from the study *at any time* by withdrawing from the interview without affecting your relationship with the researchers of this study or Smith College. Your decision to withdraw will not result in any loss of benefits (including access to services) to which you are otherwise entitled. Information from anyone who leaves the interview prior to the end of the interview will not be used in the study.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Ben Borkan at bborkan@smith.edu or by telephone at ~~(508) 752-4716~~. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

I agree to be audio recorded for this study

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)

APPENDIX D: Initial Contact Email

Dear Potential Research Participant,

Due to time constraints, I am revising my research to conduct interviews instead of a focus group. Please disregard the previous email that Stephanie Wolff sent out.

My name is Ben Borkan and I am a graduate student at Smith College School for Social Work. I am conducting a study in an effort to gain current insight into how Gestalt Therapists, trained at Gestalt Institute of the Rockies navigate issues specific to gender. Data obtained in this study will be used in my master's thesis.

Your participation is requested because you are a Gestalt Therapist. Additionally, to be eligible for participation, you must have practiced with clients for at least one year. In this interview, you will be expected to share how you work with gender identities, and specifically, how your Gestalt Therapy training relates to working with gender identities. This interview should last approximately 1 hour to include signing Confidentiality Agreement and Informed Consent forms and participating in the interview.

If you meet the above criteria, please find the informed consent form attached with further information. Please read this and, if you are interested, reply to bborkan@smith.edu with your interest in participating in this study by Sunday, January 29. I will be in contact with a follow-up email to schedule the interview; interviews can be in person, or over the phone. For reference, I am living in Boulder and am able to drive and meet you, pending the distance.

Thank you,

Ben Borkan
MSW Candidate
Smith College School for Social Work

APPENDIX E: Social Media Post

Hello!

I am seeking participants for my Master's level thesis investigating the perspective of Gestalt Therapy trained clinicians and the role of gender in the therapeutic relationship. Currently, there is a great deal of room for exploration in the literature regarding Gestalt Therapy and identities and my goal is to seek further information, specific to gender identity. It is my hope, with this thesis, to provide more research into Gestalt Therapy and its ability to navigate issues surrounding gender, and leave room for further research into other identity categories.

This study will include participating in an interview, lasting up to one hour, over the phone or in person. Participants will be asked questions about their work regarding gender identity and therapy, in addition to filling out a demographic questionnaire asking participants to identify their gender, age, race, and (dis)ability status.

Are you interested in participating? I am seeking participants who meet the following criteria:

- Are certified as a Gestalt Therapist
- Are a practicing therapist (LCSW/LPC/LSW/LMFT)
- Are willing to share personal views on gender
- Are willing to share professional experiences regarding gender identity in therapy

Interviews will be audio recorded and then transcribed. Once transcribed, audio recordings will be deleted and transcriptions will be encrypted and password protected. Your participation is voluntary and you may remove yourself from participating at any time.

Below is a flyer, for your reference. Interested individuals, please contact me by email or phone with questions.

Thank you.

Ben Borkan

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

APPENDIX F: Social Media Flyer

The Role of Gender in Gestalt Therapy: The Clinician's Perspective

Seeking Participants for Individual Interviews

Qualifications

- Are certified as a Gestalt Therapist
- Are a practicing therapist (LCSW/LPC/LSW/LMFT)
- Are willing to share views on gender
- Are willing to share professional experiences regarding gender identity in therapy

Purpose

- Provide more exposure of Gestalt Therapy into research
- Further the discussion of how to approach identity in therapeutic relationships
- Examine the use of Gestalt Therapy in approaching gender identity

Involvement

Participation includes an interview, lasting up to one hour, in person or over the phone.

Questions or Interested in Participating?

Contact Ben Borkan at (email) or (phone)

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

APPENDIX G: HSR Approval Letter



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

November 28, 2016

Benjamin Borkan

Dear Ben,

You did a very nice job on your revisions. 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.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor

APPENDIX H: Protocol Change Request Form 1



2016-2017 RESEARCH PROJECT PROTOCOL CHANGE FORM Smith College School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

The Role of Gender in Gestalt Therapy: The Clinician's Perspective

Ben Borkan
Narviar Barker

.....
Please complete the following:

I/we am/are requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

1. I am skipping the second email that requests participants' availability and instead providing two dates that I intend to conduct the focus group and requesting participants to tell me which day they are available. I will provide two times on each day, for the possibility of four focus groups, total.
2. In follow-up, I will sort the participants by their availability, hoping to even out the focus groups, and confirm with each participant that they can participate on the date they said they were available.

.....
 I understand that these proposed changes in protocol will be reviewed by the Committee.
 I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
 I have discussed these changes with my Research Advisor and he/she has approved them.

Name of Researcher(s) : Benjamin Borkan Date: 5 Dec 2016

PLEASE RETURN THIS COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

Include your Research Advisor/Doctoral Committee Chair in the 'cc'

APPENDIX I: Protocol Change Request Form 2



2016-2017
RESEARCH PROJECT PROTOCOL CHANGE FORM
Smith College School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

The Role of Gender in Gestalt Therapy: The Clinician's Perspective
Ben Borkan
Narviar Barker

.....
Please complete the following:

I/we am/are requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

1. Due to time constraints and lack of participants available for the focus group, I would like to conduct interviews.
2. In these interviews, I also intend to ask, "How do you perceive your gender identity impacts the therapeutic relationship?"
3. Being that I am changing my methodology, I will change my HSR form to mention interviews instead of focus groups.

.....
 I understand that these proposed changes in protocol will be reviewed by the Committee.
 I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
 I have discussed these changes with my Research Advisor and he/she has approved them.

Name of Researcher(s) : Benjamin Borkan **Date:** 2 Jan 2017

PLEASE RETURN THIS COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

Include your Research Advisor/Doctoral Committee Chair in the 'cc'

APPENDIX J: Protocol Change Request Form 3



2016-2017 RESEARCH PROJECT PROTOCOL CHANGE FORM Smith College School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

The Role of Gender in Gestalt Therapy: The Clinician's Perspective

**Ben Borkan
Narviar Barker**

.....
Please complete the following:

I/we am/are requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

1. For my interviews, I wish to add the question "What suggestions do you have for further research on Gestalt Therapy and identity?"

.....
 I understand that these proposed changes in protocol will be reviewed by the Committee.

I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.

I have discussed these changes with my Research Advisor and she has approved them.

Name of Researcher(s) : Benjamin Borkan Date: 8 Jan 2017

PLEASE RETURN THIS COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

Include your Research Advisor/Doctoral Committee Chair in the 'cc'

APPENDIX K: Protocol Change Approval 1



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

December 6, 2016

Benjamin Borkan

Dear Ben:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor

APPENDIX L: Protocol Change Approval 2



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

January 5, 2017

Benjamin Borkan

Dear Ben:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor

APPENDIX M: Protocol Change Approval 3



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

January 10, 2017

Benjamin Borkan

Dear Ben:

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor