

Becoming Research Practitioners: Developing our Research Capacity as a Gestalt Community

Christine Stevens PhD

Introduction

I think it is a strong working hypothesis to say that we are all here because we are interested in research and think it is important. As we have seen over the last few days, there are many ways of doing research and there are clearly different priorities in different parts of the Gestalt community around the world. Research is a field-bound phenomena – it always takes place within a context which gives rise to the kind of research questions we ask. The questions we ask have methodological implications. When we did the 3-year CORE project in the UK (Clinical Outcomes in Routine Evaluation), for example we wanted to collect data about the work of Gestalt therapists in such a way that it could be compared with data collection from other therapy approaches. The study by Pablo Herrera and colleagues in Santiago used a single-case time-series design to show that Gestalt therapy can be a useful treatment for people with anxiety disorder. The motivation behind both research projects was to establish efficacy – that Gestalt therapy is an effective method for working with these client groups. ‘Does Gestalt therapy work?’ is an important question to ask, and from the existing research, it would appear that the answer is ‘yes’. However, it is not the only question worth asking.

Now I am aware that the term practitioner includes those of you who work within organisations and at other levels of system, however for the purposes of this address, I am addressing my remarks mostly to those of use working in clinical practice with psychotherapy clients. I have a particular interest in practitioner research; that is ordinary therapists like most of us, doing research. For many years in my work on the psychotherapy doctoral programme at the Metanoia Institute, London, I taught and personally supported dozens of mid-career practitioners, including quite a few Gestalt therapists, to engage in practice-based research that made a difference to the profession. From where I am situated in this field, the two questions I find most compelling are, ‘What is Gestalt therapy?’ and ‘How can I be a better therapist?’ The first question has political implications for the psychotherapy profession as a whole; the second is of vital interest in my own professional development and for the well-being of those who trust me to work with them.

What I want to discuss with you is how can I as a jobbing Gestalt therapist through my everyday practice make a contribution to the wider profession. In what ways does my daily

work support excitement and growth in the human personality – to quote from the title of our founding textbook.

My suggestions are directed in the main not to those of us fortunate enough to have secured PhD grants or academic research funds for specific projects. In fact, I don't think there are many of us in this position. Nor am I primarily addressing those of you working in clinics with institutional or organisational support and infrastructure, willing to put the considerable time and effort into conducting single-case time-series projects, which are designed to establish the efficacy of Gestalt therapy. Important as these studies are, this is not a research method, in my view, suitable for many of us working in private practice.

The focus of my address is to you and you and to the people sitting around you, to those of you participating online, and to me, who are practitioners of Gestalt therapy on a daily basis; a vast untapped multi-generational, international resource of specialist knowledge and expertise. How can we as practitioners be involved in grassroots, rigorous research that makes a difference?

Here is a simple plan which I am going to unpack.

1. Be who you are
2. Write what you do
3. Do it with others
4. Let people know.

Be who you are.

I am a trained Gestalt psychotherapist. This means that I work phenomenologically with what is happening between me and my client, as much as possible in the present moment. I draw on a body of knowledge informed by field theory, self as process, figure and ground, the paradoxical theory of change, contact and awareness, the dialogical relationship. I integrate into this frame more recent scholarship on attachment theory, insights from neuroscience about understanding complex trauma, and other research that seems clinically useful. Gestalt is a process-orientated therapy, experiential and experimental in method. What is important is that when we research our work, we do not attempt to squeeze into another paradigm for the sake of expediency. We are not solution-focused or agenda-based. We do not see ourselves as experts administering treatment. We do not rely on interpretation for meaning making. There are research methods compatible with the way that we do therapy which do not require us to work from manuals or to standardise our interventions in order for them to be measured. If we go down the positivist route, we run the risk of becoming a different kind of therapist, and of spending a lot of time researching something that is no longer recognisably Gestalt therapy.

As Gestalt therapists waking up rather late to the importance of research if we want a place at the commissioning table, we have the advantage of not needing to get bogged down in the research culture wars raging in the psychological sciences in recent decades. We do not need to go down the positivist dead-end of lab-based theory-testing research methods, seeking the discovery of general laws that can be deductively applied to solve some specific

social problem. This approach to research tries to define the underlying laws of human nature, then apply these to psychological research using technologies like manualised cognitive behaviour therapy for panic attacks, or specific protocols for treating trauma, which can be applied to clients by technicians using highly operationalised procedures.

So, on the one hand, we don't need to engage with positivist reductionism, but neither do we need to get stuck in the opposite nihilistic polarity of sceptically critical radical post-modernism. There are no answers there.

Dan Fishman helpfully suggests a middle way for the practitioner who wants their work to be useful. In his words,

“The pragmatic paradigm argues that actual cases – with all their multi-systemic complexity and contextual embeddedness – should be the starting and ending points of psychological research that purports to be effective in contributing to the solution of real-life problems.”

Pragmatism, in this way, combines the epistemological awareness and insights of critical post-modernism from a hermeneutical perspective, with the methodological and conceptual achievements of modernism. So, we use the methodologies of natural science, not to discover general laws, but to understand the contextual embeddedness of human behaviour. Our studies can be rigorous but socially situated, arising from a particular time and place, historically nuanced and field-emergent from the relational matrix of the figure/ground.

This paradigm is compatible with Gestalt theory and practice and provides a sound rationale for an inclusive practice-based Gestalt approach to research that would be practically useful.

Write what you do.

What we do as Gestalt therapists is case work. We have in depth relational engagements with our clients over time, mediated through regular bounded meetings. We build up our experience and develop our expertise case by case. The case is our fundamental unit of analysis.

Reflect for a moment on how case studies have influenced your own practice as a therapist. Perhaps you studied “Dibs in search of Self” by Virginia Axline, a wonderful account of a play therapist's work over the course of a year with a highly gifted but troubled child whose parents thought he was mentally impaired. Or “I never promised you a Rose Garden”, a semi-autobiographical account of living with eating disorder by Joanne Greenberg; and many of us will have read “Love's Executioner and other tales of psychotherapy” by Irvin Yalom or watched the “In Treatment” HBO film series. Bob and Rita Resnick's videos of contemporary Gestalt practice are a valuable resource of case study material.

Case study is part of the deep ground of the history and development of psychotherapy, from Freud's interpretive accounts onwards. They tend to be based on the therapist's recall, written by a single researcher who is also a participant. They are often written in a compelling, literary, detective style. It is easy to criticise case studies as subject to narrative smoothing and for juxtaposing narrative truth with historical truth. However, as John McLeod points out, case studies have produced a "highly generative and resilient form of knowledge for practice." In fact, as Flyvjerg comments, "social science has not succeeded in producing general, context-independent theory and therefore has nothing else to offer than concrete, context-dependent knowledge". Case studies are a particularly good way of producing this knowledge.

McLeod, in his excellent book on case study research, identifies four genres of systematic case study research. These are:

Pragmatic – in depth rigorous accounts of actual practice. This most closely reflects our daily work as Gestalt therapists.

Efficacy-orientated – this includes the n=1 time series study, which measures certain criteria and asks how well does Gestalt therapy work for these issues.

Theory-building – developing theory out of the detailed study of a chosen phenomenon.

Narrative or qualitative – this is telling the story of the work through the voices of the participants.

Thomas Kuhn has asserted;

"... a scientific discipline without a large number of thoroughly executed case studies is a discipline without systematic production of exemplars, and a discipline without exemplars is an ineffective one. Social science (here we can insert Gestalt therapy) may be strengthened by the execution of a greater number of good case studies." (Quoted in Flyvjerg p.242).

Case study research has traditionally been viewed as a poor relation in the hierarchy of research methods, but this should be challenged. Flyvjerg argues that context-dependent knowledge is at the heart of expert activity. It is what enables a beginner who has been taught rules of practice to become a proficient expert practitioner. Case knowledge is central to human learning. It is not about proving, but learning. A number of well-known researchers have changed their minds about the value of case studies. Donald Campbell, the expert methodologist, for example, wrote latterly,

"After all, man is, in his ordinary way, a very competent knower, and qualitative common-sense knowing is not replaced by quantitative knowing.... This is not to say that such common-sense naturalistic observation is objective, dependable, or unbiased. But it is all we have. It is the only route to knowledge, noisy, fallible and biased though it be." (Quoted in Flyvjerg p. 224).

It is often asserted that we cannot generalise from case studies, but in fact this is not necessarily true. The example is given of Galileo who rejected Aristotle's law of gravity, which had been accepted for nearly 2000 years. Galileo said that objects with different masses would fall at the same acceleration, whereas Aristotle thought that objects fell at a speed proportional to their mass. Galileo's idea was later demonstrated to be true when the

air pump was invented, and it could be shown that a coin and a feather both fall at the same rate in a vacuum. The point about this case example is that random controlled trials and large samples were not needed to establish this key understanding in physics.

In fact, more discoveries have arisen from creative thinking and intense observation than from large scale statistical analysis. Another way of saying this is that formal generalisation is over-valued as a source of scientific development, while the force of example is underestimated. There is an important role for the purely descriptive, phenomenological case study as part of the process of knowledge accumulation in a given field.

Case studies have been criticised as biased towards verifying the researcher's preconceived ideas. However, this is no truer of case studies than of any method of inquiry. In fact, it is a feature of case study research that assumptions often need to be revised in the face of evidence from the field. The dense, detailed case study is more useful to the practitioner than factual findings or high-level generalisation of theory.

I want to make it clear at this point that I am not claiming that case study is the only form of research we need; there are many other qualitative methods we can use, such as action research and autoethnography. Large samples and quantitative methods provide information about breadth and trends over large populations. Good research often needs a combination of methods. What I am asserting however, is the importance and value of case study as "a necessary and sufficient method for certain important research tasks...and a method that holds up well when compared to other methods." (Fluyjerg p. 241). I am also suggesting that this is a valid and practice-compatible research method which is accessible to all of us Gestalt therapists who are active in clinical practice.

Do it with others.

If you have been following me so far, I hope that you will understand my excitement about the potential of case studies for Gestalt therapy. In terms of the value of our collective knowledge and expertise, we are sitting on a goldmine! I suspect that practically all of us will have had to write a case study as part of our transition from trainee to fully qualified therapist. This is something we all know how to do. We and our clients create this data between us every day in our therapy rooms all around the world. In addition to all the other wonderful research projects we have been finding out about at this conference, this is a grassroots, inclusive project that we and our colleagues who are not attendees could all be involved in. This is a call to action!

This is the part of my presentation where I am going to get down to earth and practical and spell out the nitty-gritty possibilities for how I think this could happen. None of this is fixed in concrete and I would like us to discuss and give feedback on these ideas.

As we have discussed, there are lots of different ways of doing case studies. My idea is that we keep this grassroots project as practice-near as possible, which suggests some pragmatic form of design. Rich, thick in-depth accounts of the work over time with the added rigour of some empirical measurements which are compatible with and not disruptive to the therapy. This could include some kind of time series analysis and perhaps a client follow-up interview

when the therapy has ended by someone not involved in the work, to include the client's voice. The 2018 article by Roubal and colleagues, for example, discusses the use of the Client Change Interview and the Change After Psychotherapy methods of retrospective client interviewing.

Dan Fishman, who publishes an on-line Journal, Pragmatic Case Studies in Psychotherapy, gives the following sub-headings for a case study article:

1. Case Context
2. The Client
3. The guiding conceptual frame with support from research and clinical experience
4. Assessment of the client's problems, goals, strengths and history
5. Formulation and treatment plan
6. Course of therapy
7. Therapy monitoring & use of feedback form
8. Concluding evaluation of the process & outcome of the therapy
9. References
10. Tables (optional)
11. Figures (optional)

I don't see any heading here which I could not write under as a Gestalt therapist. In fact, I suspect that this list is very similar to what most Gestalt training institutes require from their trainees for their case studies, perhaps apart from the therapy monitoring measures, which I will come to later.

So here is the idea. We are all bound to undertake continuing professional development as a requirement of our accreditation. Wouldn't it be fun as part of this requirement, to create a quality learning environment, where we meet up with our Gestalt friends and colleagues to form a Case Study Support Group? As we have discovered over the last couple of years, we could do this face to face, on-line, or a mix of both. The group might meet once a month or so. I see no reason provided we can understand each other why this might not be an international collaboration. The purpose of the group would be to produce a written-up case study. So not everyone in the group would write a case study – not all members might have a suitable client with informed consent; some members might be retired or only work very short term. There would need to be at least one or two members actively working in a case study at any one time. The work of the group would be to give support, supervision, feedback, mentoring, towards the development of the case study process. It could be that producing the case study could be incorporated into an advanced supervision group.

Each group would be self-organising and autonomous but together they would form links of a Practice Research Network, linking into a hub via the new online resource, the Gestalt Therapy Research Network. Through this connection, each group would be able to access resources about writing case studies, ethical guidelines, and protocols including the guidance for writing up; a protocol for informed consent, and the anonymising of data released for publication. I envisage the planned EAGT ethics committee, and other similar regional bodies would be approached as relevant for advice and guidance on this process. Senior Gestalt therapists might be willing to offer their services as consultants or

Grandparents to groups as required to advise and encourage on theory, method and practice issues. Case studies could thus be written in a collaborative way, with appropriate acknowledgement given in any published version.

I promised to say something about measurements, but in fact I don't want to go into detail here. Suffice it to say that there are a number of simple measurements which do not require one to be a registered psychologist to use. Like some of you, I have had the experience of using the CORE outcome measure before the beginning and after the end of therapy and I did not find this intrusive to the therapy relationship. This is the kind of resource which would be ideally available on the Gestalt Therapy Research Network, along with advice and support so that the practitioner could make an informed choice about which to use for their particular circumstances.

If Gestalt training Institutes were to adopt this slightly more rigorous protocol for students' graduating case studies, I see no reason why, post-qualifying, graduates should not join a group and present their case studies for support in developing them towards publication. It is important to be clear that informed consent needs to be in place from the outset, as is the case with student studies – we could not apply this retrospectively. It would be very important to get the ethics right, and as John McLeod advises, be prepared to “lose” interesting cases on ethical grounds.

The strength of this model is that it is an inclusive, democratic network model that any Gestalt therapist who is interested could join. It is not an exclusive club. Rather than a bureaucratic hierarchy, it is organised more like that of Deleuze and Guattari's rhizome model, where the grass roots are our common practice as therapists and the case study groups are the nodes that pop up above ground and flourish where the conditions are suitable and supportive. This project is open to Gestalt therapists at every stage of professional development. New graduates are nurtured; seasoned therapists can share their expertise and senior practitioners are particularly treasured for their wisdom and experience. It's good for our clients who receive the benefits of well-scrutinised work. It's good for us as therapists because we learn together in a supportive environment with constructively critical friends. It's good for Gestalt therapy – we produce a body of practice-based evidence of the work we do with a whole range of different clients. At the risk of hubris, I would hope that this would be of benefit to the world of psychotherapy at large.

Let People know.

Briefly, because this is obvious, but we need to do it. We need to publish our work wherever we can, online, in print, as collections of papers, if necessary, as novels. We need to publish in the Gestalt press, and we definitely need to publish in the 'Wide Sargasso Sea' of contemporary psychotherapy - in research journals, in subject specialist publications, in magazines.

In terms of publication, we need to be prepared to submit our work to peer review and to editorial scrutiny. Not every finished case study will find a home in a major publication, even with the support and encouragement of our study buddies. However, every piece of work will help to build the evidence base of our practice and each one is valuable. We need to

collect them all together in a special section of the new Gestalt Therapy Research Database so that, eventually, when there are enough, we can explore them with important questions like 'What is Gestalt therapy particularly good at?' "Or less good at?"; 'How do Gestalt therapists work with anxiety or depression, or loss, or trans issues, or addiction?' Piece by piece we will build up a unique body of practice experience which will be a treasure for current trainees and practitioners and provide a legacy for those to come in the future.

So, dear colleagues, thank you for your time and for listening. I hope that there is time for feedback and discussion and also that you will register with the new Gestalt Therapy Research Network and check out the Practice-based Case Study Project to explore this further.

Just to pull all of this together as I finish, these were my questions:

What is Gestalt Therapy?
How can I be a better Gestalt Therapist?

And this is my plan:

Be who you are
Write what you do
Do it with others
Let people know.

Thank you.

Note: A revised version of this with citations and full bibliography will be published in the British Gestalt Journal in 2023 and also in the German Gestalt Journal.

Christine can be contacted by email: christine@mappmed.co.uk
For more details join the Practitioner case study research project on the Gestalt Therapy Research Network <https://gestaltresearchnetwork.org/group/7/stream>