

Workshop on "**Challenges in the development of research questions from Gestalt therapy theory**" (Boeckh & Winter), conference on " Gestalt for Future: Creating a Network for Research", Hamburg, 02-09.09.22. **Transparency - Some Theses and Questions** Deirdre Winter © 2022

1. The **theory of Gestalt therapy** is **highly complex**. Its founders originally drew on many theoretical and philosophical roots and combined them in novel, sometimes differing ways. So much so, that recently some authors have remarked on the **difficulty of finding "common ground"**.
2. As far back as the end of the 1990s **Hilarion Petzold** drew attention to a **number of deficits and "missing links"** in our theory, pointing out, among other things, that they made it **difficult to develop research questions** (H. Petzold, letter to M. Spagnuolo-Lobb, undated).
3. Since then **several Gestalt therapy authors**, among them (in alphabetical order!) Dan Bloom, Phil Brownell, Peter Dreitzel, Gianni Francesetti, Kathleen Höll, Lynne Jacobs, Des O'Connor, Sylvia Crocker, Richard Kitzler, Phillip Lichtenberg, Peter Philippson, Frank Staemmler, Jean-Marie Robine, Jan Roubal, Friedmann Schulz, Margherita Spagnuolo-Lobb, Gordon Wheeler and Gary Yontef, to mention only a few, have made some **major contributions to refining points of theory, filling in existing gaps and throwing light on areas that seemed unclear or contradictory**. Thus **the theory itself** is an **ongoing process in time**.
4. And yet **our theory still remains a complex field that** can be difficult to navigate and continues to confront researchers with apparently opposing or divergent views. While this is a welcome sign of a vibrant and living process, part of the theory's own creative adjustment, this very advantage **can pose challenges for researchers**.
5. **Differences in orientation and emphasis** can be seen as **occurring at DIFFERENT LEVELS**, starting with
 - (1) the **root theories**, followed by
 - (2) the **concepts** we use in our **basic Gestalt therapy theory of process, growth and therapy**, then
 - (3) the level of **how we implement these concepts in our interventions** (in therapy, coaching, organisations consulting) and finally
 - (4) **individual techniques** and the reasoning behind them.
6. We could also add another factor, which is **how each and every one of us actually understands the concepts and their explanations** from the pure **language point of view**. This may also be influenced by a pre-linguistic and/or mimetic level arising from how we have absorbed the practical knowledge imparted by our trainers during training. There may also be a **difference in understanding** between when we **read descriptions of theories and interventions**, and when we actually **see authors demonstrating how they work**.

7. When we **DEVELOP RESEARCH QUESTIONS**, we have **at least two options**.

a) We can start with what we actually do (e.g. Fogarty et al. 2016¹, "What do Gestalt therapists do in the clinic?) or what we want to show, i.e. **in a top-down way**.

b) Or we can be interested, for example, in showing **from the bottom up** how a particular observation or activity is firmly based on a specific kind of philosophy or theory of therapy. We might want to do this as part of the project of distinguishing Gestalt therapy as a phenomenologically and process-oriented, humanistic approach, from others.

In **both cases**, we need to

CHOOSE WHICH ROUTE TO TAKE THROUGH THE FOREST OF OUR THEORY and **which perspectives**, which **ways of making wholes out of the various parts of the theory** we are going to pick up and which we are going to leave aside?

8. Here are a **couple of examples** to illustrate some difficulties that may occur.

At the **LEVEL OF THE ROOTS OF GESTALT THERAPY**,

two philosophies on which **our concepts of contact and awareness** draw are

Husserl's phenomenology and

American Pragmatism - James, Dewey and Mead.

It has been pointed out that it is **difficult to reconcile**

Husserl's and Mead's epistemological theories,

because Husserl's focus point was **consciousness**,

while Mead's was **action**.

Both consciousness and action play a role in **our concept of contact** (and **awareness through contact**).

→ **How do we manage to reconcile these philosophical differences?**

¹ Fogarty, M., Bhar, S., Theiler, S., O'Shea, L. (2016). What do Gestalt therapists do in the clinic? The expert consensus. British Gestalt Journal 25, (1), 32-41.

At the **LEVEL OF THE CONCEPTS OF GESTALT THERAPY**

Contact ("vs." Awareness) ?

In their **critique of the Gestalt Therapy Fidelity Scale (GTFS, Fogarty et al., 2016), Hosemans and Philippson (2019, p. 60)²** expressed the opinion that

contact, not awareness is "the core of Gestalt therapy".

This draws attention to an aspect of theory that seems to be complex and may be seen differently in our community.

We could discuss **different ways** in which **their statement can be understood purely linguistically**

→ What do we mean by the **"core" of Gestalt therapy?**"

But **we also believe** that contact - or making contact / **contacting - and awareness are closely intertwined.**

→ **Can we explicate how we view this intertwinement theoretically** in a way that allows us **to develop hypotheses,** say for process research on what happens between client and therapist?

If yes, how?

² Hosemans, D., Philippson, P. (2019). furthering the critique of the GTFS. Letter to the Editor. British Gestalt Journal 28 (2), 59-62

At the **LEVEL OF THE CONCEPTS OF GESTALT THERAPY**,

in 2008 a conference was held at which **two different ways of conceptualizing the contacting process**

described in PHG were compared and contrasted.

("sequence of contact" and the **Cycle of Experience** (Gaffney, 2009a³; Bloom, 2009⁴, Gaffney, 2009b⁵).

It did not seem to be possible to relax the **"tension" between the two models**, but Séan Gaffney remarked that the continuing tension could be seen as creative.

→ It is conceivable that this **"creative tension"** between the **"sequence of contact model"** and the **"experience cycle model"** could **require researchers** who wish to ensure their investigations are well-grounded in our theory **to come to some decisions.**

³ Gaffney, S. (2009a) The Cycle of Experience Re-Cycled. Then, Now ... Next? *Gestalt Review*, 13(1):7-23.

⁴ Bloom, D.J. (2009). Commentary I: The Cycle of Experience Re-Cycled: Then, Now...Next? Let's Go Round Again: Cycle of Experience or Sequence of Contact? Dan Bloom Has Another Go with Séan Gaffney. *Gestalt Review*, 13(1):24-36;

⁵ Gaffney, S. (2009b). Response. *Gestalt Review*, 13(1):42-46

At the **LEVEL OF TREATMENT THEORY AND TECHNIQUES**

b) **Vincent Béja** (Béja 2020⁶, p. 45; Béja 2022⁷) has compellingly presented the case for focusing on the **Contextual Model of research**, and specifically, following Wampold, on the **contribution of the therapist**.

He suggests **we pick up on** research done by Silberschatz and Snyder (2016) on the **factor of "therapist responsiveness"** because this seems to fit well with what is central for us in our theory and practice.

- If we wanted to investigate **how Gestalt therapists "embody" this quality of "responsiveness"**,

what might be **our research questions?**
- And **how would we** go about **developing them?**
- Yesterday in his presentation here Vincent Béja also suggested that **we may need to "change our theory"**, to accommodate to this perspective.
- **What are your thoughts on this?**

⁶ **Béja, V. (2020)**. Two risks and a third way: what research for Gestalt therapy? British Gestalt Journal, Vol. 29, No.1, 44–50

⁷ **Béja, V. (2022)**. Two risks and a third way: what research for Gestalt therapy? Lecture 1.at the Gestalt for Future: Creating a Network for Research Conference held in Hamburg, Germany from 02.09. to 04.09.22