

**Professional
Competencies and
Quality Standards:**

***Specific Competencies of
Gestalt Therapists***

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Introduction to Professional Competencies and Quality Standards of Gestalt Therapists

The EAGT Professional Competencies & Qualitative Standards committee is working on the definition of Specific Competencies of Gestalt therapists. Following the EAP project of defining a psychotherapist's Core Competencies, this document will describe what the specific competencies are that characterize our modality. This project has started in 2010 and it is still in progress. At the moment the group has written a first draft that has been circulated and commented by interested colleagues.

A fundamental consideration when approaching this text is not to take this as a guidance of what one must do, but as a description of abilities that a professional Gestalt therapist ought to have, is aware of and consequently is able to put into action if required.

We do not intend to describe an ideal profile that should be adhered to by a professional Gestalt therapist but we try to describe which competences come into play in this profession and modality. Not all of these competencies are of same relevance every time, they do not play a role in each moment, and some of them are bound to be inactive in the background or might even be superfluous depending on the context of the situation.

Each Gestalt therapist embodies different and individual grades of a specific balance of competencies according to his/her own personality. The integration of this uniqueness is expressed in a specific personal therapeutic style.

This profile of competencies is not intended to be a prescribed set of skills, which have to be acquired all at once. We understand this more as a result of a constant process of development rooted in one's own professional path and developing incessantly within one's professional experience and on-going training.

EAP, in developing the "core competencies", suggested a differentiation into three levels of competencies of a psychotherapist:

- **"core competencies"**- describe those competencies that every psychotherapist performs independently from his/her modality
- **"specific competencies"**- are those competencies, that relate to a specific modality and that differentiate professionals of different modalities.
- **"specialized competencies"**- describe competencies that are required when conducting psychotherapy in special areas e.g. in prison or with special groups of clients e.g. children.

When approaching the following profile of specific professional competencies of Gestalt therapists it is very important to bear in mind a few necessary aspects to avoid a misinterpretation of this description.

Even though these aspects are implicit and partly obvious, we prefer to list them explicitly to provide the reader with a clear frame of understanding and a key of how to access these 13 domains.

It is important to bear in mind that:

- The profile of competencies is **descriptive not normative**: it is not a catalogue about what a Gestalt therapist must do, but more a description of what s/he can do and (ideally) knows how to do, what is apt or necessary. For example, to explain the characteristics of one's own modality of psychotherapy to a client clearly is not something a psychotherapist must do, but s/he is aware under what circumstances it would be appropriate to do so and how.
- This profile should not be read as a description of an ideal psychotherapist into which a real therapist should transform. It is a description of dimensions of competencies that a psychotherapist is spontaneously applying in certain modes according to the demands of the situation. They are not like instruments in a tool kit, but acquired abilities, constantly developed and assimilated, that allow spontaneous interventions when necessary.
- The complexity of the competencies implies certain overlapping areas between the different competencies. For example: competencies regarding the therapeutic relationship are overlapping with those that describe ethical sensibility or the ability to collaborate with other professions. Such complexity applies to the varied competencies in various domains.
- Even though these competencies are described discretely, the domains are considered as a unity as all competencies are assimilated into a unique Gestalt. We can use the picture of a polyphonic choir, consisting of single voices that come together in an integrated whole, where single voices are no longer discriminable.
- The acquisition and refinement of these competencies is a constant process that does not cease at the end of one's personal training. The competencies are closely associated with one's own professional path, they become more elaborated during training as a Gestalt therapist and continue to be developed and refined as part of one's own personal and professional growth.
- This profile of competencies is neither intended to be and nor can it be a definitive list. After a phase of elaboration and classification we have a- so far- final document. Of course this text which contains a description of what a Gestalt therapist knows about and is able to do, remains a working document, because no description can be all encompassing or competencies can change in course of time and the development of the professional community. For example, competencies of research have changed significantly over the last decades as has the sensitization for various social aspects of society.
- This profile of the competencies has to be seen in the context of an underlying code of ethics that is self-evident for our profession. Let us not forget that this code of ethics is normative and binding, whereas the profile of competencies is descriptive and meant to be inspiring.

This is a declaration that originates from our own professional Gestalt community with a view of taking responsibility to define our own professional competencies. It's only aim is to declare our professional competencies as Gestalt therapists.

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Domain 1

Professional, Autonomous and Accountable Practice

Gestalt therapy approach shares the practical application of general competencies described above. There is a specific theoretical background (focused mainly on contact-making, contact-boundary, awareness, phenomenology, dialogue, process and field theory) that substantiates the described competencies from the Gestalt therapy theory perspective.

DOMAIN 2

The Psychotherapeutic Relationship

To focus on and support a particular kind of relational contact is the heart of the Gestalt therapy approach and one of the most important skills to process. The way of focusing contact experience distinguishes Gestalt therapy from other modalities of psychotherapy. The therapist has the intention to be fully present, and is able to critically reflect upon the meaning of his/her difficulties in presence in the therapeutic relationship. Therapist and client are mutually involved and affected in the relationship, their experience has an equal value and in this sense they are equal partners within the relationship. So, the therapeutic relationship is equal in the sense that both therapist and client have the same value about their perceptions, feelings, thoughts, beliefs and human uniqueness. And at the same time it is asymmetrical regarding the role and responsibility of keeping the setting, of what happens in the sessions and in the whole therapy: the therapist has the responsibility of the therapeutic process.

Gestalt therapy «...[brings]brought therapist and patient onto center stage together in order to illuminate their actual relationship as clearly as possible» (From & Miller, 1994). The dialogical relationship in Gestalt therapy can be described by Buber's "I and Thou", about human existence being defined by the way in which we engage in dialogue with each other. The I-Thou relation is a direct interpersonal relation which is not mediated by any intervening system of judgements and therefore I-Thou is not a means to some object or goal, but is an ultimate relation involving the whole being of each subject. On the other hand, the relationship can be also described as a hermeneutical circle: in order to understand the client, the therapist uses her/his own understanding and s/he has to continuously adjust them to the novelty presented by the client as emerging in the meeting. The experience emerges at the contact boundary: «...that experience occurs at the boundary between the organism and the environment. [...] We speak of contacting the environment, but it is the contact that is the simplest and first reality. It is the contact itself [...] where self and environment stage their meetings and become involved with each other. [...]Gestalt Therapy's concern is solely with the activity at the contact boundary, where what is going on can be observed». (Goodman, 1951 in From, & Miller, 1994). The therapist, with her/his awareness, is able to perceive the quality of reciprocal presence and adjusts the contact in the way that supports the client's intentionality and growth.

2.1. A Gestalt therapist is familiar with concepts of:

- Awareness
- Phenomenology: philosophical roots and their consequences in therapeutic practice (how experiential phenomena emerge, value of subjective experience, intersubjectivity, the depth of surface, etc.).
- Existentialism: philosophical roots and their consequences in therapeutic practice (limits and boundaries in human relationships and life, existential issues like death, freedom, responsibility, etc.).

- Field theory: from Lewin's conceptualisation to new developments, phenomenological field, field and situation.
- Holism: from Jan Smuts' conceptualisation about mind/body/environment unity to new developments.
- Paradoxical theory of change: change happens, when one becomes what s/he is (instead to achieve something that s/he wants to become); change is a natural process of growth and happens through ongoing awareness, contact and assimilation.
- Perspective on here, now and next: emphasising the situation and contact between therapist and client by bringing the awareness to the present moment and to the movement to the next moment (supporting intentionality of contact).
- Gestalt theory of self: self as function instead than structure, self as emergent function at the contact boundary, id/ego/personality functions, co-creation of the experience at the contact boundary and process of creative adjustment.
- Figure/Background dynamics: creation of the figure against a background, possibilities of different dynamics.
- Contact sequence and support for contact functions: experience can be described by a sequence of contact phases, starting from an excitement, moving towards to meeting a novelty, ending by assimilating the experience and growing.
- Styles of contact: styles of being in contact, disturbances of id and personality functions and losses of ego function.
- Phenomena of transference and countertransference: Gestalt therapist is aware of these phenomena and is able to recognize them and to support the novelty present in the actual encounter.

2.2. A Gestalt therapist is capable of:

- being aware of her/his feelings, thoughts, emotions, reactions connected to the patient
- understanding what happens to her/him and which position and roles s/he is called to take in the emerging field with the patient
- supporting mutual contacting by perceiving the id of the situation, identifying wishes and needs, identifying environmental stimuli, identifying self awareness
- attuning to the affective and emotional states of the client
- recognising and nominating sensations, feelings and emotions, expressing them in an appropriate way in specific fields and relationships, and for specific intentionalities and goals
- using this process in order to support the client's intentionality of contact
- maintaining fore - contact by cultivating uncertainty and mobilizing energy
- supporting co-creation of figures of contact
- recognising qualities of contact (aesthetic criteria) and adjusting her/his presence, perception and action in order to support the quality of contact
- supporting the intentionality of contact by custom-tailored and creative experiments
- supporting and staying in the full contact

- supporting the assimilation of the novelty and creating the narrative ability to tell and share experiences, changes and growth
- letting go the experience in the background and keeping it available as support for further contacts
- giving meaning to the relational events in the light of the sequence of contact related to the session and to the whole process of therapy
- critically reflecting on the contact phenomena and the therapeutic relationship
- sharing and telling about this phenomena with a third party (colleague, supervisor)

References

- Buber M. (1958). *I and Thou*. Translated by Ronald Gregor Smith. New York: Charles Scribner's Sons.
- From I. & Miller V.M. (1994). Introduction. In: Perls F., Hefferline R. & Goodman P. *Gestalt Therapy: Excitement and Growth in the Human Personality*. Highland, NY: Gestalt Journal Press.
- Perls F., Hefferline R. & Goodman P. (1994). *Gestalt Therapy: Excitement and Growth in the Human Personality*. Highland, NY: Gestalt Journal Press.
- Robine JM. (2011). *On the Occasion of an Other*. The Gestalt Journal Press, Inc. Gouldsboro
- Spagnuolo Lobb M. & Amendt-Lyon N. (Eds). (2003) *Creative License. The Art of Gestalt Therapy*. Wien, New York, Springer
- Spagnuolo Lobb M. (2013). *The Now for Next in Psychotherapy. Gestalt Therapy Recounted in Post-Modern Society*. Franco Angeli, Milan.
- Wollants G. (2008/2012). *Gestalt Therapy. Therapy of the Situation*. Sage, London

DOMAIN 3

Exploration (Assessment, Diagnosis and Conceptualization)

For Gestalt therapy, a continuum exists, without clear-cut distinctions, between healthy and so-called pathological experience. It is on this conviction that all attempts at diagnostic categorization and nosology have always been treated with caution (Perls, Hefferline & Goodman, 1994). The value given to momentary experience and to the contingency of each and every situation underpins the legitimacy and the value of all lived experiences. It is this value that prevents the crystallisation into fixed Gestalten of people and their experiences. Historically, this position has played an important role not only in clinical practice, but also in defining a vision of the world, where the individual – and the therapist – is considered in relation to the community (Goodman, 1990). Nevertheless, it does not exhaust the need for further discussion on this issue (Zinker, 1978; Yontef, 1988, 1993; Delisle, 1991; Staemmler, 1997, 2002; Spagnuolo Lobb, 2001, 2003, 2005; Amendt-Lyon, 2003; Bloom, 2003; Brownell, 2005; Robine, 2007, Dreitzel, 2011). Such discussion is necessary for progress to be made in theory, for guidelines to be developed for clinical work with patients, for dialogue to be promoted with colleagues using different models (Bartuska et al., 2008), and last but not least, for preparing the students for clinical work (Francesetti & Gecele, 2009; Francesetti et al., 2013). Perls, Hefferline and Goodman underline that diagnosis is contemporarily necessary and risky: «The therapist needs his conception in order to keep his bearings, to know in what direction to look. It is the acquired habit that is the background for this art as in any other art. But the problem is the same as in any art: how to use this abstraction (and therefore fixation) so as not to lose the present actuality and especially the ongoingness of the actuality? And how – a special problem that therapy shares with pedagogy and politics – not to impose a standard rather than help develop the potentialities of the other?» (Perls, Hefferline & Goodman, 1994, pp. 228-9).

A Gestalt therapist is able to handle a diagnosis not as a description of the client, but as a tool that enables her/him to organize meaningfully her/his experience with the client and so helps her/him to be grounded and present to the encounter.

The specific competencies of a Gestalt therapist in diagnosis can be seen on two levels: s/he knows the current diagnostic systems and is able to use them in a supportive way for the therapeutic process and contact with the client. Often, the support comes from a process of de-constructing these labels in order to reach the uniqueness of the personal experience and suffering of this specific patient. On another level, s/he is able to use a specific Gestalt way to make diagnosis: this is the diagnosis of the ongoing process of contact between therapist and client. This is a process of intrinsic evaluation, based on sensitive perceptions, so it can be called an aesthetic diagnosis (aisthesis, from the Greek, means by senses). In the Gestalt therapy model, to be aware of what is happening moment by moment in the therapeutic contact is already a therapeutic intervention.

3.1. A Gestalt therapist

- is aware of the intrinsic (or aesthetic) criteria of evaluation: it is an evaluation of the quality of contact moment by moment. In a good form of contact the figure/background dynamic presents - at the highest possible level in the present situation- grace, fluidity, strength, clarity, harmony, rhythm, etc. The lack of these

qualities – called in the foundational book ‘contact interruptions’ - are felt by the therapist. Intrinsic evaluation is an evaluation of co-created and emergent phenomena at the contact boundary, a pre-cognitive and pre-verbal evaluation, an inter-subjective phenomenon. It is an evaluation intrinsic to the process of contact that doesn’t need a confrontation with an external norm or point of reference. This competence involves to know and integrate into her/his own therapeutic style the basic concepts of Gestalt therapy theory (i.e. field theory, holism, paradoxical theory of change; here, now and now for next perspective; Gestalt theory of self, id/ego/personality functions; concept of good form; theory of co-creation of the experience at the contact boundary and creative adjustment; intentionality and figure/background dynamic; contact sequence and support for contact functions; styles of contact, transference and counter-transference phenomena). Intrinsic or aesthetic diagnosis is a specific method and tool of Gestalt therapy and has to be related and integrated with the basic theory and practice of this model. A Gestalt therapist is trained to notice moment by moment, how the contact process follows the rules of the good forming figure (fluent, graceful, meaningful, etc.) and s/he knows and understands this basic aspect of the process of human experience.

- is aware of the main nosographic systems (i.e. DSM by APA, ICD by OMS), and is familiar with their classifications, history, aims of their development and context of application. A Gestalt therapist knows epistemological fundamentals, structure and classifications of basic nosographic systems in order to orient therapeutic interventions, participate in research projects and to communicate with other professionals and colleagues. Gestalt therapists know the limits of the nosological approach, the progressive risk to pathologize everyday life by creating new categories and to create an ‘epidemy of false positives’. Since s/he knows these classifications, a Gestalt therapist is able to use them in the therapeutic relationship and criticize them in the professional community.
- is aware of the impact of the intrinsic or aesthetic diagnosis in the therapeutic process. Intrinsic diagnosis is already a therapeutic intervention, intrinsic diagnosis and therapy are not separable moments.

3.2. A Gestalt therapist is capable of

- seeing and using patient’s resources present in the therapeutic field. The therapist is capable of noticing, keeping in the foreground and sharing in the appropriate way and moment what is positive, functional, healthy, creative, beautiful in the patient, in the therapeutic relationship, in her/his field, relationships, story and life.
- being aware of the quality of the contact through contact phenomena perceived in the here and now by senses (aesthetic or intrinsic diagnosis). A Gestalt therapist is able to recognize the qualities of actual contact: strength, grace, harmony, fluidity, fullness, rhythm of the experience. S/he is sensitive to the variations of this process and able to be in tune with it, supporting the development of the good form of contact in the here and now.
- being aware of the impact of intrinsic diagnosis in the contact process. Gestalt therapist is aware of how her/his sensitiveness and attunement has already an impact on the process of reaching a good form of contact. A Gestalt therapist is

aware of her/his own limits in co-creating a supportive contact (therapist's own process, specific types of suffering or patients).

- using intrinsic diagnosis and seeking for the good form in order to adjust presence, perception, feelings, action in the therapeutic field. Starting from her/his perception of the quality of contact, the therapist is able to contemporarily adjust her/his presence in order to support the contact process. A Gestalt therapist is present not only as an assessing professional but also authentically as a person, s/he is able to aesthetically evaluate the process – make diagnosis – and to keep a warm, accepting human contact at the same time.
- recognising and distinguishing transference and counter-transference phenomena. The therapist is capable of recognising and distinguishing her/his and the patient's feelings and transference and counter-transference phenomena and what is the field that the therapeutic meeting actualises in the here, now and now for next. A Gestalt therapist recognises how her/his own experience influences the diagnosis s/he makes.
- critically reflecting upon which figures are present in the field and how. The therapist is able to recognise the content of the figures of experience that the patient is bringing and to understand the way how these are formed and co-created. A Gestalt therapist notices both the content and the process: what the patient says, how s/he is saying it and what effect this has on the therapist and on the relationship.
- describing her/his work in relation to the sequence of contact. After the session, the Gestalt therapist is capable of describing and critically reflecting on the contact sequence of the session, it's interruptions or loss of ego function, the co-creation process, the need of support for reaching the good form, the quality of contact, the other possibilities of intervention.
- critically reflecting upon her/his awareness during the session. After the session the Gestalt therapist is capable of discussing how s/he uses him/herself in the field, describing which awareness zones s/he used in the work, reflecting critically upon which choices s/he made during the work.
- using nosographic systems in a dialogic and hermeneutic way. This means to bring these understandings and informations into the therapeutic relationship as concepts that have to be chewed and assimilated. What is already known in terms of diagnosis or psychopathology has to be brought into the relationship as in an hermeneutic circle: this knowledge has to be put in brackets and if useful shared with the patient in order to support the therapeutic process. The therapist is focused on the process of diagnosing rather than on the diagnostic label, this is always reductive and fixed, the person is always changing and not completely definable. The diagnosis appears in a specific context (patient's life story and relationships, therapeutic relationship) and interacts with it, diagnosis is a field phenomenon.
- being aware of the impact and risk in knowing main nosographic systems, both from a clinical and socio-cultural point of view. A Gestalt therapist has to recognise the risk that implicates to know and use nosological systems because this puts her/him in the position of labelling patients. S/he has to be aware that nosographic systems give form to the suffering in a way that is determined by a specific socio-cultural context and by specific complex goals (i.e., not only for clinical interventions, but also legal regulations, social control, drugs prescription, etc.).

- constructing and deconstructing nosographic diagnosis. Patients often come in therapy with an already done diagnosis and the therapist has to be capable to welcome, understand and criticise that diagnosis together with them, in order to support a real, critical and supportive understanding of the diagnostic process.
- using nosographic systems as tools for supporting contact and the therapeutic process. The aim of knowing nosographic systems is to support the therapeutic process. A Gestalt therapist notices the unfulfilled needs and traumas of the patient and is cautious not to repeat them in a harmful way in the therapeutic relationship.

References

- Amendt-Lyon N. (2003). Toward a Gestalt Therapeutic Concept for Promoting Creative Process. In Spagnuolo Lobb M. & Amendt-Lyon N. (Eds). Creative License. The Art of Gestalt Therapy. Wien, New York, Springer, pp. 5-20.
- Bartuska H., Buchsbaumer M., Mehta G., Pawlowsky G., Wiesnagrotzki S. (2008). Psychotherapeutic Diagnostics. Springer-Verlag, Wien.
- Bloom D.J. (2003). "Tiger! Tiger! Burning Bright" – Aesthetic Values as Clinical Values in Gestalt Therapy. In Spagnuolo Lobb M. and Amendt-Lyon N. (Eds). Creative License. The Art of Gestalt Therapy. Springer, Wien, pp. 63-78.
- Brownell P. (2005). Gestalt Therapy in Community Mental Health. In: Woldt A.L. & Toman S.M. (Eds.). Gestalt Therapy. History, Theory, and Practice. SAGE Publications, inc.
- Delisle, G. (1991). A Gestalt Perspective of Personality Disorders. The British Gestalt Journal, 1, 42-50.
- Francesetti G. & Gecele M. (2009). "Gestalt Therapy Perspective on Psychopathology and Diagnosis". British Gestalt Journal, 18, 2, 5-20.
- Francesetti G., Gecele M., Roubal J. Eds. (2013). Gestalt Therapy in Clinical Practice, Franco Angeli, Milano.
- Gadamer G.H. (1960). Wahrheit und Methode. J.C.B. Mohr, Tübingen.
- Goodman P. (1990). Comunitas: Means of Livelihood and Ways of Life. Rev. 3rd edition, Columbia University Press, New York.
- Perls F., Hefferline R.F. & Goodman P. (1994). Gestalt Therapy. Excitement and Growth in the Human Personality. The Gestalt Journal Press, Gouldsboro (Maine)
- Robine J.-M. (2006). La psychothérapie comme esthétique. L'Exprimérie, Bordeaux.
- Robine J.-M. (2007). Il dispiegarsi del sé nel contatto. FrancoAngeli, Milano.
- Roubal J., Gecele M. & Francesetti G. (2012), Gestalt Approach to Diagnosis. In: Francesetti G., Gecele M. & Roubal J. (Eds.). Gestalt Therapy in Clinical Practice, FrancoAngeli, Milano.
- Spagnuolo Lobb M. (2001). From the epistemology of self to clinical specificity of Gestalt Therapy. In: Contact and Relationship in a Field Perspective. L'Exprimérie, Bordeaux, pp. 49-65.
- Spagnuolo Lobb M. (2003). Therapeutic meeting as improvisational co-creation. In Spagnuolo Lobb, M. & Amendt-Lyon N. (Eds). Creative License. The Art of Gestalt Therapy. Wien, New York, Springer, pp. 37-50.
- Spagnuolo Lobb M. (2005). Classical Gestalt Therapy Theory. In: Woldt A.L. & Toman S. M. (Eds.), Gestalt Therapy. History, Theory, and Practice. Sage Publications, California, USA, pp. 21-39.
- Staemmler F.M.(1997). "On Cultivating Uncertainty: an Attitude for Gestalt therapists". British Gestalt Journal, 6, 1.

- Staemmler F.M. (2002). "Dialogical diagnosis: Changing through understanding". Australian Gestalt Journal 6/1, 19-32.
- Wheeler G. & Mc Conville M.(2002). The Heart of Development. Gestalt Approaches to Working with Children, Adolescents and their Worlds – Vol. 1: Childhood. Gestalt Press, Gouldsboro (Maine).
- Yontef G.M. (1988). "Assimilating Diagnostic and Psychoanalytic Perspective into Gestalt Therapy". Gestalt Journal, XI (1), 5-32.
- Yontef G.M. (1993). Awareness, Dialogue and Process. Essays on Gestalt Therapy. Gestalt Journal Press, Highland, New York.
- Zinker J. (1978). Creative Process in Gestalt Therapy. First Vintage Books Edition, New York.

DOMAIN 4

“Contracting” (Developing Goals, Plans and Strategies)

In Gestalt therapy, the therapeutic relationship is seen as a process that is co-created in the specific situation with the specific patient and based on his/her needs and the field resources. So, a Gestalt therapist is able to evaluate and take into account all aspects of the field and may adjust different ways of working in order to support the possibilities of each specific client and field.

4.1.A Gestalt therapist is competent to

4.1.1. Evaluate the contact process

- To make an intrinsic evaluation. In Gestalt therapy the process of evaluation implies not only an evaluation of the patient, but also an evaluation of the process of contact that emerges in the therapeutic meeting. This is part of the process that leads to the decision to start the therapy with this specific patient and to propose a specific contract. Intrinsic evaluation implies a holistic evaluation of the qualities of contact during the session (see also Domain 3). A Gestalt therapist takes into account the patient’s experience as well as her/his own experience of the therapeutic meeting. S/he is trained in being aware of her/his own sensations, feelings and body processes. This kind of information presents a valuable contribution to evaluation at the beginning of the therapeutic process. S/he is able to include these elements into the process of the session in order to support the evaluation itself and the contact process.
- To reflect on intrinsic evaluation after the session: after the session a Gestalt therapist is able to critically reflect and discuss about the contact qualities s/he felt during the therapeutic meeting in order to understand what happened in terms of processes of contact, to orient her/himself about to take this patient in therapy, to decide for a specific contract, to bring this material in supervision, etc. More specifically s/he is able to reflect and discuss in a critical way on these issues: the possibilities and the difficulties of making contact – the way the therapist and patient experience the contact phases: fore-contact, contact, final contact, post-contact; the quality of the figure/background dynamic; the felt support coming from id and personality self- functions, the possibility of deliberated choices made by ego function, the quality of awareness and the presence at the contact boundary; the consistency of the patient’s ground; resources and success of the process of mutual creative adjustment. For example: s/he is able to recognize what kind of contact difficulties emerge with this patient at the contact boundary or whether the relational field s/he is co-creating with the patient is psychotic or neurotic.
- To make an extrinsic evaluation: that means to understand the clinical situation by comparing it to external models or frames of references. These can be either Gestalt therapy’s tools and concepts (i.e. modalities and styles of contact) and current psychopathology and diagnostic systems. A Gestalt therapist is able to connect these concepts, frames and categories to the actual situation (see also domain 3). On these bases s/he can formulate and discuss diagnostic hypothesis, work possibilities,

expected difficulties, possible risks, therapeutic steps and phases, prognostic hypothesis. S/he is also able to discuss these findings with a terminology appropriate to colleagues coming from other modalities or other stakeholders.

- To decide if the patient is suitable for her/him. A Gestalt therapist is able to recognize whether a patient is suitable for her/him: this implies to be aware of her/his limits – in training, in competence, in experience. S/he is also able to recognise if the patient's issues are difficult to manage in the specific therapist's phase of life. I.e. the therapist may have had recently the same loss as the patient, so it could be difficult to work with this experience. Then, a patient can be not suitable because of a boundaries' problem: conflict of roles (i.e. the therapist is at the same time the teacher or the supervisor); the patient is a relative or a friend or a relative or a friend of a patient; there are possibilities to meet her/him outside the therapy. All these issues have to be taken into account, eventually discussed in therapy and explored in a dialogical way in order to find the safest and most supportive solution. If appropriate, the Gestalt therapist has to refer the patient to a colleague, in the best supportive way, considering the feelings of being refused that the patient may experience.
- To give a supportive feedback. A Gestalt therapist is able to give feedback to the patient based on the above evaluations and to the patient's need and request; to identify and put in the foreground the resources and positive aspects of the patient and his/her situation and the possibilities of evolution. S/he is able to be clear, authentic, supportive, oriented towards evolution in order to encourage the movement of the relationship towards next therapeutic steps.

4.2. To make a contract

- Goals and strategies. Gestalt therapy's phenomenological approach is not based on pre-planned strategies, but on support of creative adjustment in the present therapeutic situation. This doesn't mean that a Gestalt therapist is naïve about the ways specific kind of suffering need support and are usually evolving, but that s/he remains open and curious to the uniqueness of the present situation, of this specific patient and of this peculiar and unrepeatable pathway of therapy. Usually there is not an explicit definition of specific therapeutic goals, achievements or strategies. Anyway, in case that these issues emerge as a need in the therapeutic contact, and can be of support for it, they are welcome, focused and discussed. A Gestalt therapist gives value and encourages the patient's positive and aggressive intentionality and takes care that the therapeutic direction is co-created in the therapeutic meeting. That means that goals can be settled but not swallowed by the patient or by the therapist: both of them participate in the co-creation of the contract, with their limits and possibilities. The therapist is continuously contracting with the client and adjusts her/his approach to the actual needs of the client and also to her/his own capacity and resources. There are points of explicit common (therapist and patient) evaluation of the past process of the therapy and common mapping of needs for a future process of therapy. It is also a chance to evaluate together if the supportive and stimulative functions of therapy are well balanced for the client. These points of explicit common re-contracting might appear spontaneously in the course of the therapeutic process. If not, they can be initiated by the therapist. Sometimes, the

patient has not the possibility to make a decision in a very first stage of the therapy (for example when the patient suffers from a psychotic experience): in these cases the therapist can choose for the best support for her/him and take care to review the contract when possible.

- After the first contract, the therapist is open to continuously adjust her/his approach to the actual needs of the client and also to her/his own capacity and resources. There are moments of explicit and shared evaluation of the past therapy process and discussion of the needs for the ongoing and future process of the therapy. It is also a chance to evaluate with the patient if the supportive and stimulating functions of therapy are well balanced for her/him. These points of explicit and shared re-contracting might appear spontaneously in the course of a therapy; if not, the therapist is able to bring them into the foreground when useful to support the process of the therapy. Even the contract parts that can't be changed because of contextual limits (i.e., the number of sessions in a public health service) have to be discussed in an appropriate manner.
- Setting. One of the most important aspects of the contract is the choice about the kind of setting. The therapist – considering her/his experience, knowledge and evaluation of the situation – and the patient – considering her/his needs, request and preference – choose an individual or group therapy, or a setting of couple or family therapy. This results from the patient's interests and needs. A Gestalt therapist can be skilled in all these settings. This choice has to assure the best support to the patient and has to be clearly identified and defined. The therapist has to deal clearly also with possible changes of the setting during the therapy, taking care that this is the best support for the patient (or patients) done in a clear and respectful way.
- Therapy's length and frequency. Usually there is not a pre-defined length of the therapy, except when there is a limit of the situation (i.e, the service admits only a maximum number of sessions), or some need that is brought into therapy by the patient or the therapist. In this case the issue has to be clearly defined from the beginning. These parameters are functions of the field and the length and frequency depend on the emerging needs of the patient and of the therapeutic relationship. These issues have to be discussed in therapy in a dialogical way. Usually there is a weekly frequency of the sessions, but it is possible to differently agree in order to give the best therapeutic support. Usually the therapy is a continuous process, but sometimes there is the need to work irregularly or with pauses. A Gestalt therapist is able to discriminate when a request about length or frequency has the aim to support the process of the therapy or to avoid some important issues. S/he is aware that even this second occurrence is a result of a need of support in the therapeutic relationship. S/he can orient her/himself about this possibilities relying on and using her/his awareness, the dialogical process with the patient, the help coming from intervention or supervision process.

References

Amendt-Lyon N. (2003). Toward a Gestalt Therapeutic Concept for Promoting Creative Process. In: Spagnuolo Lobb M. & Amendt-Lyon N. (Eds). Creative License. The Art of Gestalt Therapy. Wien, New York, Springer, pp. 5-20.

- Bloom D.J. (forthcoming). "The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the "Essence" of Gestalt Therapy". *Gestalt Review*.
- Brownell P. (2005). *Gestalt Therapy in Community Mental Health*. In: Woldt A.L. & Toman S.M. (Eds.). *Gestalt Therapy. History, Theory, and Practice*. SAGE Publications, inc.
- Francesetti G. & Gecele M. (2009). "Gestalt Therapy Perspective on Psychopathology and Diagnosis", *British Gestalt Journal*, 18, 2, 5-20.
- Francesetti G., Gecele M., Roubal J. Eds. (2013). *Gestalt Therapy in Clinical Practice*, Franco Angeli, Milano.
- Perls F., Hefferline R.F. & Goodman P. (1994). *Gestalt Therapy. Excitement and Growth in the Human Personality*. The Gestalt Journal Press, Gouldsboro (Maine).
- Philippon P. (2009). *The emergent Self. An Existential-Gestalt Approach*. Karnak Books, Ltd, London.
- Robine J.-M. (2007). *Il dispiegarsi del sé nel contatto*. FrancoAngeli, Milano.
- Spagnuolo Lobb M. (2003). *Therapeutic meeting as improvisational co-creation*. In: Spagnuolo Lobb, M. & Amendt-Lyon N. (Eds.). *Creative License. The Art of Gestalt Therapy*. Wien, New York, Springer, pp. 37-50.
- Spagnuolo Lobb M. (2005a). *Classical Gestalt Therapy Theory*. In: Woldt A.L. & Toman S.M. (Eds.), *Gestalt Therapy. History, Theory, and Practice*. Sage Publications, California, USA, pp. 21-39.
- Spagnuolo Lobb M. (2007c). *Creative Adjustment As Healing Task: The Import Of Gestalt Therapy In Our Present Society*. Key Note Address Presented At The Conference Creativity And Gestalt: An International Celebration. August 8-11, 2007, Organized By Gestalt Institute Of Cleveland, Ohio, USA.
- Staemmler F.M.(1997). "On Cultivating Uncertainty: an Attitude for Gestalt Therapists". *British Gestalt Journal*, 6, 1.
- Staemmler F.M. (2006). "The Willingness to Be Uncertain – Preliminary Thoughts About Interpretation and Understanding in Gestalt Therapy". *International Gestalt Journal*, 29/2. pp. 11-42.
- Yontef G.M. (2001). *Relational Gestalt Therapy*. In Robine J.-M. (Ed.), *Contact and Relationship in a Field Perspective*. L'Exprimerie, Bordeaux, pp. 79-94.
- Zinker J. (1978). *Creative Process in Gestalt Therapy*. First Vintage Books Edition, New York.

DOMAIN 5

Various Techniques and Interventions

Introduction

Gestalt therapists share the importance of the general therapeutic interventions described in the core competencies (establishing a “functional working” alliance, managing the emotional content of the sessions and utilising “other techniques” and interventions). Gestalt therapists are notably careful to prevent the danger of Gestalt therapy being perceived as a set of useful techniques. The intervention need to be well rooted in the theoretical background of Gestalt therapy theory and the process of contact in the actual therapeutic situation.

According to Laura Perls, Gestalt therapists may include a tremendous variety of therapeutic interventions in their work, as long as these are existential-phenomenological, experiential and experimental (L. Perls in Amendt-Lyon, 2003). Psychotherapy is as much an art as it is a science and therefore the intuition and immediacy of the artist are as necessary for the good therapist as a scientific education (L. Perls, 1978). A Gestalt therapist supports the co-creation of a meaningful experience at the contact boundary, letting the specific intentionalities emerge in the therapeutic situation, following the aesthetic criteria of evaluation (Perls, Hefferline & Goodman, 1994, 65-66; Bloom, 2003; Spagnuolo Lobb & Amendt Lyon, 2003). So, the Gestalt approach is based on the creativity and flexibility (Spagnuolo Lobb & Amendt-Lyon, 2003; Zinker, 2004), it values the therapist’s intuition and besides a verbal dialogue uses a rich scale of non-verbal tools and body work.

5.1. A Gestalt therapist is familiar with

- Awareness, contact, and experiment can be seen as the three fundamental therapeutic instruments of the Gestalt approach (M. Polster, 2005). Therapeutic interventions basically need to head towards awareness and contact. The therapist uses the interventions to support the client’s natural potential for change (according to the paradoxical theory of change), the therapist is not the agent of change.
- The field theory provides the basic “cognitive glue” (Yontef, 1993) which integrates the various practical applications of the principles of the Gestalt theory. Gestalt therapist is able to see the mutual interconnectedness of the client and the situation, where all the aspects are influencing each other and constantly changing and where the self is an intersubjective and emergent phenomenon of the field. The Gestalt therapist is able to overcome the linear and dichotomic way of thinking. The therapist sees her/himself as a part of the therapeutic situation and her/his experience as a field phenomenon, which s/he can explore with curiosity as a valuable source of information. S/he observes client’s difficulties as a creative adjustment, the best possible way of coping available at the moment. The therapist explores together with the client how the present field organises itself and focuses on different aspects of the field (therapeutic relationship, feelings, thoughts and bodily experience of the client and the therapist, etc). S/he is able to flexibly change focus there and back between the “here and now” perspective and the broader field outside the therapeutic situation including the former relational patterns from the

client's history. S/he is able to use these two different focuses the way they enrich each other.

- Gestalt therapy builds upon Martin Buber's synthetic thesis of dialogical existence (Buber, 1923, 1990), and uses Buber's principle of the dialogical relationship within therapy. At the same time, Gestalt works with more propositional interventions, such as experiments. Gestalt therapists creatively balance dialogical and task-oriented moments: one can be more in the foreground, the other more in the background, and in the next moment they can gradually change their positions. Both aspects are ever present, and there is a creative tension between 'is-ness' and doing (Greenberg, 1997), between the Eastern focus on awareness, being in the here and now, and the Western emphasis on action and doing (Melnick, 2005).

5.2. A Gestalt therapist is capable of

- Letting her/his interventions be led by the theoretical concepts of Gestalt therapy theory and at the same time be tailored to the concrete therapeutic situation.
- Awareness
One basic task of the therapist is to offer the client a safe and supportive conditions in which s/he can broaden her/his awareness. This can help the client to have more free choice and to be more responsible for the way of relating to the environment and to her/himself.
- Contact
The therapist focuses on the contact in the here and now of the therapeutic situation. He supports the co-creation of the experience at the contact boundary. The therapist helps the client to observe how the habitual patterns of relating appear in the way client and therapist create a contact. The therapist offers safe conditions for the client to try also new, creative ways of contacting.
- Paradoxical theory of change.
Change comes, when a person becomes who he is (Beisser, 1970). Gestalt therapist does not push for a change, s/he is able to let the therapeutic process flow and accept what is. This way s/he enables the change to happen.
- Focusing on the process.
The Gestalt therapist explores how and what is happening during the dynamics of the process of psychotherapy, how the figure/background dynamic unfolds during the session, where the important things for the client naturally come to the foreground.
- Experimenting:
An experiment is both based upon doing and direct experience instead of thinking about and giving descriptions. In the therapeutic situation the therapist actively helps the client to enhance his/her awareness (Mackewn, 1999) and to get in touch with his/her potential. The therapist suggests to experiment a specific change of expression or behavior, and in a dialogue with the client they co-create an experimental situation. The therapist is capable of creating a safe place where the client can accept his/her anxiety around moving out of the familiar and risk acting differently (Philippson, 2001). The basic starting point when creating an experiment is to be process-oriented; the basic procedure is learning through doing. A Gestalt therapist distinguishes a technique, which – unlike the experiment – is an exercise prepared in advance to induce a particular state, or to direct the client to a particular

aim (e.g. a relaxation exercise). An experiment is born out of the process of the therapeutic relationship (Amendt-Lyon, 2003), is supported by therapist's curiosity and is not controlled by either the client or the therapist (Mackewn, 1999). A fundamental ability of the therapist is to abandon efforts to bring the experiment to a particular outcome, because the experiment essentially aims at process goals (Joyce, Sills, 2006) that cannot be planned. To have a preplanned goal implies a definition of how the patient has to be, to feel or to behave and can be not only ineffective but even dangerous. An experiment highlights the outline of the figure that is arising in the shared field of the therapist and the client (Roubal, 2009). Examples of often used experiments: "empty chair", exaggeration of a bodily motion or speech pattern, rehearsal of different sentences, reversal to explore the polarity, checking direct sensual inputs (seeing, hearing, and touching), changing from one sensory strength to another (visual, acoustic, movement) change distance or positions between therapist and client and dreamwork. The therapist is capable of an appropriate timing and grading of the intensity of the experiment (Zinker, 2004; Joyce & Sills, 2006) with the regard to the available outer and self-support systems.

- Applying a phenomenological method:
this enables to explore the client's subjective experience and its meaning for the client. The therapist is able to consciously "bracket", put aside or be aware of her/his own understanding, is able to change the focus of attention from the foreground to the background, and then back again, describe without evaluating what is obvious by senses and treats all the phenomena as potentially equally important (Fleming Crocker, 2009; Bloom, forthcoming).
- Entering into an existential dialogue.
A Gestalt therapist is able to enter into the authentic, personal encounter with the client and is open to the co-created experience that is influencing and changing both the client and the therapist. The contact of the therapist and the client forms a ground, where a healing I-You encounter can happen, in which they accept each other (and themselves) as they are and are not trying for change or use. The therapist is capable of "inclusion", trying as much as possible to experience how it is to be the other person (the client) without giving up his/her unique existence as another person (the therapist). The therapist confirms the existence of the client as it is, is authentically present as a person and "surrenders" without aims to what is happening in the dialogue. The therapist is capable of perceiving the intersubjective mutual process with an emergent dimension which transcends the individual. The therapist is able to handle "transference" and "countertransference" phenomena as "co-transference" (Joyce & Sills, 2006), a mutually co-created experience formed by both the historical patterns and new actual creative ways of contacting.

5.3. Conclusion

- A Gestalt intervention is based on exploring what is present at the contact boundary.
- The exploration is focused on the therapeutic situation and supports the emergent intentionalities.
- The situation is always as good as possible whole and closed (prägnanz and closure) and can change according the paradoxical theory of change.

- The therapist supports the sequence of contact following the intrinsic (aesthetic) criteria of the good form.
- Experiments are done to clarify what is happening and to open up towards new possibilities.
- The therapist supports the assimilation of the novelty met during the therapeutic meeting.
- Gestalt therapist is able to apply the basic principles of Gestalt therapy theory to the setting of individual, couple, family and group therapy with the knowledge of specific approaches used in these settings.

References

- Amendt-Lyon N. (2003). Toward a Gestalt Therapeutic Concept for Promoting Creative Process. In: Creative License: The Art of Gestalt Therapy. Spagnuolo Lobb M. & Amendt-Lyon N., eds. Wien and New York: Springer, pp. 5-20.
- Beisser A (1970). The Paradoxical Theory of Change. In: Fagan J. & Shepherd L. (eds.). Gestalt Therapy Now. New York, Harper Colophon Books, pp. 77-80.
- Bloom D.J. (2003). "Tiger! Tiger! Burning Bright" – Aesthetic Values as Clinical Values in Gestalt Therapy. In: Spagnuolo Lobb M. & Amendt-Lyon N. (Eds). Creative License. The Art of Gestalt Therapy. Springer, Wien, pp. 63-78.
- Bloom D. "The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the 'Essence' of Gestalt Therapy". Gestalt Review, 13 (2), forthcoming.
- Bowman E. & Nevis E.C. (2005). The History and Development of Gestalt Therapy. In: Woldt, A.L. & Toman, S.M., eds. Gestalt Therapy. History, Theory, and Practice. Sage Publications, Thousand Oaks, pp. 3-20.
- Clarkson P. & Mackewn J. (1993). Fritz Perls. SAGE Publications Ltd, London.
- Fleming Crocker S. (2009), "Phenomenology in Husserl and Gestalt Therapy", British Gestalt Journal, 18, 1, pp. 18-28.
- Joyce P. & Sills C. (2006). Skills in Gestalt Counselling & Psychotherapy. London: Sage.
- Joyce P. & Sills C. (2006). Skills in Gestalt Counselling & Psychotherapy. London, Thousand Oaks: Sage.
- Kemmis S. & McTaggart R. (1990). The Action Research reader. Victoria: Deakin University.
- Korb M., Gorrell J. & Van De Riet V. (2002) Gestalt Therapy Practice and Theory. Gouldsboro: The Gestalt Journal Press.
- Mackewn J. (1999). Developing Gestalt Counselling. London: Sage.
- Melnick J., Nevis S.M. & Shub N. (2005). Gestalt Therapy Methodology. In: Woldt, A.L. & Toman, S.M., eds. Gestalt Therapy. History, Theory, and Practice. Sage Publications, Thousand Oaks, pp. 101-115.
- Perls F., Hefferline R. & Goodman P. (1994). Gestalt Therapy. Excitement and Growth in the Human Personality, Gouldsboro: The Gestalt Journal Press.
- Perls L. & Rosenfeld E. (1978). "An Oral History of Gestalt Therapy. Part one: A Conversation with Laura Perls". The Gestalt Journal, <http://www.Gestalt.org/perlsint.htm>
- Philipsson P. (2001). Self in Relation. Highland, NY: The Gestalt Journal Press.
- Polster M. (2005). Gestalt terapie: Vyvoj a vyuziti [Gestalt Therapy: Development and Application]. In: Zeig J., ed. Umeni psychoterapie [Evolution of Psychotherapy]. Praha: Portal, pp. 516-532.

- Roubal J. (2009). "Experiment: A Creative Phenomenon of the Field". *Gestalt Review*, 13/3, 263-276.
- Spagnuolo Lobb M. & Amendt-Lyon N., eds. (2003). *Creative License, The Art of Gestalt Therapy*. Wien and New York: Springer.
- Wheeler G. (1991). *Gestalt reconsidered: a new approach to contact and resistance*. New York: Gardner Press, Inc.
- Woldt A.L. & Toman S.M. (2005). *Gestalt Therapy. History, Theory, and Practice*. London, Thousand Oaks: Sage.
- Yontef G.M. (1993). *Awareness, dialogue and process*. New York: The Gestalt Journal Press.
- Zinker J. (1977). *Creative Process in Gestalt Therapy*. New York: Vintage Books.

DOMAIN 6

Management of Change, Crisis and Trauma Work

6.1. Management of change process

Awareness of difficult moments, which involves being aware of:

- Difficult moments in the client/therapist relation, which might be representations of difficulties in the client's other relationships.
- The phases of change: stagnation, polarity, diffusion, contraction and expansion (Staemmler, 1994).
- Being able to manage the paradoxical theory of change (Beisser, 1970).
- Being able to manage experiential existential processes as for example described by Lewin and Kemmis et al. (1990), also called "action research". Phases as awareness of a situation, experimentation with that situation, observations done during experimentation and closure by critical reflections and defining learning.
- Being able to see figure/ground formations in the current client/therapist situation and see that figure/ground formation in a wider cultural- social- political- and economic situation.

6.2. Working with people in crisis

Awareness of crisis intervention, which involves:

- Being aware of the crisis as a field – and not only an individual – phenomenon.
- Being aware of the impact of the crisis on the therapeutic relationship and of its possible message to the therapist.
- Being aware of safety issue in crises (risk of self harm).
- Being aware of the positive aspects in crises as a potential for change and growth.
- Being able to contain overwhelming emotions throughout specific support and presence at the contact boundary.
- Being able to support body awareness and containment by attunement, specific body interventions (i.e on breathing), grounding, contacting, touching, holding, etc. in an appropriate and non invasive way.
- Being able to enable individuals and families to contribute actively and openly to the process of identifying and agreeing appropriate risk management strategies.
- Being able to support the client in exploring new possibilities, and possible positive outcomes and new life balance after crises.
- Being able to identify, justify and record the need for, and the type of, legal and procedural interventions necessary to address the crisis.
- Being able to share information according to legal, policy and procedural requirements.

6.3. Working with traumatised people

Awareness of trauma work, which involves:

- Being aware of the presence of the trauma and its representations in the here and now.
- Being aware of single and complex trauma, as well as complexity of trauma and trauma responses which involve the wholeness of the person, his/her physical, emotional, behavioural, cognitive, social and spiritual functioning.
- Being aware of the risk of re-traumatisation in therapeutic work that involves exposure.
- Being able to work in the here and now, when the here and now is unbearable (Bauer, 2003).
- Being able to discriminate between acute and long lasting chronic trauma.
- Being able to apply awareness about contact sequence in case of trauma.
- Being able to support client in re-establishing sense of self-control, self boundaries, awareness and contact functions.
- Being able to contain overwhelming emotions throughout focusing attention and presence at the contact boundary.
- Being able to support body awareness and containment by attunement, specific body interventions (i.e on breathing), grounding, contacting, etc. in an appropriate and non invasive way.
- Being able to support the client toward transformation of meanings of traumatic event, trauma disengagement, integration and completion.
- Being able to support client in building capacity for acceptance of post-trauma changes and exploring new orientation in the life after trauma, including awareness of post-traumatic growth.
- Being able to record, justify and communicate actions and the need for any further actions, according to legal, policy and procedural requirements.

References

- Bauer A. & Toman S. (2003). "A Gestalt Perspective of Crisis Debriefing: Working in the Here and Now When the Here and Now is Unbearable". *Gestalt Review*, 7, 1: 56-71.
- Beisser A. (1970). *Gestalt Therapy Now*. Highland, NY: The Gestalt Journal Press.
- Kemmis S. & McTaggart R. (1990). *The Action Research reader*. Victoria: Deakin University.
- Lewin K. (1952). *Field Theory in Social Science*. London: Tavistock Publications Limited.
- Staemmler F.M. (1994). "On Layers and Phases". *The Gestalt Journal*, XVII, 1: 5-31
- Vidakovic I. (2013). The Power of "Moving On". *A Gestalt Therapy Approach to Trauma Treatment*. In: Francesetti G., Gecele M. and Roubal J., eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milano: FrancoAngeli.

DOMAIN 7

Completion & Evaluation

7.1. Work towards a completion and manage the conclusion of the psychotherapy

Completion of the psychotherapy is a significant part of the therapy process. In this stage of a therapy the concept of Gestalt field theory needs to be considered. As we know field theory looks at all events as a function of the relationship of multiple interacting forces. Interacting forces form a field in which every part of the field affects the whole and the whole affects all parts of the field. No event occurs in isolation. The whole field determines all events in the field, with some forces being in figural awareness and some operating in the background (Yontef, 2002). Also, the post-contact phase and its application is important in this stage of a therapy. As Perls said «and we find when we accept and enter this nothingness, the void, then the desert starts to bloom. The empty void becomes alive, is being filled. The sterile void becomes the fertile void» (Perls, 1969, p. 57, according to Mackwen, 1997). Moreover, the concept of creative adjustment needs to be considered, due to the fact that this is very important for the ending of therapy process. Finally, realising one's own uniqueness and mortality are significant aspects of completing the process of ending the therapeutical relationship and also should be included in this phase of a therapy.

7.1. 1.A Gestalt therapist is

- Competent to use the concept of field theory and is aware of its importance for completion of the therapy. Field conditions of ending a therapy (length of a counseling or therapy process, the practicalities of therapists and clients lives, the significance of endings and leavings in the client's experience) must be considered.
- Aware of the importance that concepts of self-functions and support systems have in completion and conclusion of the psychotherapy. It is very important that the therapist raises the client's awareness of his/her support systems in the phase of completing the therapy process.
- Aware of the importance that the dialogical relation has in this stage of a therapy. Dialogical relation with a client is a peak point in ending a therapy process.
- Capable of using and applying a concept of unfinished business in this stage of a therapy. At the ending of the therapy associations with previous experiences of ending and separation may arise. A Gestalt therapist needs to work with the client through the concept of unfinished business on feelings associated with previous separation and separation at the end of the therapy.
- Aware of the concept of sequence of experience and phase of postcontact in this stage of a therapy. Postcontact is a figure at this part of a therapy process and its significant for a client to feel secure to explore this phase of contact with a therapist.
- Competent to use and include phenomenological method in this stage of therapy. The patient's sense of the therapist in the therapist-patient interaction is as valid a phenomenological reality as the therapist's self-concept.

7.1.2. A Gestalt therapist is capable of

- Recognising the moment when he/she will elaborate the field theory in this particular stage of ending a therapy. Use of field theory needs to be supported by co-creating a process between a therapist and a client.
- Supporting the clients in internalising the experience of therapy into the ground of themselves and their repertoire of self-support tools for the future by using the concepts of self-functions and support systems. This is very important for a client and gives him/her a sense of achievement in therapy process.
- Working with the client on dialogical relationship, explore and name what has not been achieved. For both, a client and a therapist it is important to verbalise what has not been achieved in therapy as this could influence the ending of the therapy process.
- Feeling the changes in quality of contact when working with unfinished business at the end of a therapy and reflecting that with the client. The concept of unfinished business and its implementation at the end of a therapy could be healing for a client and a therapist, but also for their therapeutical relationship.
- Encouraging the client to stay experimentally with inactivity or emptiness while providing them support to do so as a part of ending therapy process.
- Taking into account a phenomenological perspective when ending a therapy and working with feelings of ending. Phenomenological perspective and feelings of ending seem to be inseparable in this stage of a therapy.

7.2. Record and Evaluate the Course of the Psychotherapy

When we talk about the evaluation of psychotherapy first of all we need to be aware that therapists are having different approaches about measuring and recording the data of the therapy sessions. Even if that is true, the important findings of some authors need to be considered. Bondi (2006) published a report for COSCA (Professional Body for Counseling and Psychotherapy in Scotland) in which she stated «Although some studies point to modest variations in the effectiveness of different approaches for different conditions, the overwhelming message from these studies is that methodological orientation is not a significant factor in relation to effectiveness». This position is supported by findings from the CORE (Clinical Outcomes for Routine Evaluation) National Research Database (Stiles, Barkham, Twigg, Mellor-Clark, & Cooper, 2006). Also, according to Haynes and Johnson (2009) we need to differentiate the terms effectiveness, efficacy and efficiency. They propose a succinct summary of all three concepts:

Efficacy is the degree to which interventions result in positive outcomes in ideal settings. Ideal settings are often research laboratories or experimental conditions providing studies with a high degree of internal validity.

Effectiveness is the extent to which treatments provide positive patient outcomes in real-world settings.

Efficiency is the extent to which one treatment provides relatively better outcomes than other treatments. (Haynes & Johnson, 2009, pp. 302-303, according to Brownell, 2008).

Having in mind that psychotherapy evaluation needs to be different from medical or statistical, Brownell (2008, 2010) proposes to use warrant as a philosophical construct which

refers to the level of justification for any given action and has various bases. It can be based on personal experience and assertion, so a psychotherapist claims to know what he or she does is effective, because the therapist has seen the results in the clients' changed lives and general satisfaction. Also, we need to be aware of the disadvantages in not having a quantitative evaluation.

7.2.1. A Gestalt therapist is:

- Competent to apply Gestalt therapy theory and methodology within the evaluation process of psychotherapy, especially the concept of awareness and its application in the client's therapy process. Without knowledge and skills of applying the concept of awareness, a Gestalt therapist will not be able to evaluate the process of psychotherapy in all its complexity.
- Aware of the importance the paradox theory of change has for the process of evaluating the course of psychotherapy. This theoretical concept is crucial for Gestalt therapy evaluation of psychotherapy and therapists need to be aware of it when working with a client.
- Competent to use practice based evidence in evaluation process of psychotherapy.

7.2.2. A Gestalt therapist is capable of

- Understanding that awareness, authenticity and contact with self are the basic parts of an evaluation process in Gestalt therapy that need to be taken into consideration by the therapist when evaluating the client's therapy process.
- Stressing out dialogical approach and finding answers to what might have been effective/helpful for the client.
- Using the concept of paradox theory of change and have a practice evidence that this concept is known by the client in his life and therapy (that client is ready to see himself/herself in the way s/he is but not the way s/he should be).
- Applying the observation and evaluation of the body process (for example postural change) in this phase of the therapy.

References

- Bondi L. (2006). The effectiveness of Counseling. Edinburgh: COSCA. (DH, 2004). Organizing and Delivering Psychological therapies: July 2004. Retrieved from http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086100&chk=72vikq
- Brownell P. (2008). Practice-based evidence. In Brownell P., ed. Handbook for theory, research, and practice in Gestalt Therapy (pp. 90-103). Newcastle, UK: Cambridge Scholars Publishing.
- Brownell P. (2010). Gestalt Therapy: A guide to contemporary practice. New York: Springer Publishing Company.
- Mackewn J. (1997). Developing Gestalt counseling. London: Sage Publication.
- Yontef G. (2002). "The rational attitude in Gestalt Therapy, theory and practice". International Gestalt Journal, 25/1, 15-34.

DOMAIN 8

Collaboration with Other Professionals

A Gestalt therapist is aware of the opportunity and need to collaborate with other professionals in order to support her/his clients and to promote their personal and relational wellbeing (Joyce & Sills, 2001). Working effectively in a particular setting often entails cooperating with other active professionals. The range of professionals with whom we work reveals the breadth of what s/he does: in hospitals and in mental health centers, in schools, in corporations large and small, in law enforcement and in the military, in the community work etc. We consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work (Behnke, 2005). The Gestalt therapist is open to important developments that affect the therapeutic process, whether in the field of Gestalt therapy or in other fields or schools of psychotherapeutic research and practice, with regard to the benefit of the clients. (EAGT - Code of Ethics and Professional Practice). Adopting one or another fixed doctrine and submitting to any theoretical dogma can weaken a clinician and can result in a rigidity which limits the person's ability to act in accordance with the aesthetic demand of a given situation. It leads to the exclusion rather than to the inclusion of all internal and external resources that can be helpful for the client. The Gestalt therapist knows that experiences are beyond the reach of our theories, and the best way to approach the complexity of humanity is to continually expand, refresh and renew our knowledge and ideas. Admitting the complexity and diversity of dissonant experiences we are able to transcend limiting stances which reflect only one fixed perspective of the larger complex reality (Roberts in Polster & Polster, 1999, p. 16-19). In an educative process lasting a whole professional life, the Gestalt therapist takes care to enlarge and deepen his/her professional and personal competence.

8.1. A Gestalt therapist is familiar with:

- The main philosophical concepts that are in the roots of Gestalt therapy: existentialism, humanism, field theory, phenomenological and holistic approach to human beings and experiences, etc.
- The basic of other therapeutic approaches as well as contemporary ideas that influence Gestalt therapy theory.
- The substantial psychotherapy research findings – from Gestalt therapy and from other psychotherapeutic approaches as well. The Gestalt therapist understands how a new gained knowledge could influence his/her therapeutic practice.
- Process diagnostic in Gestalt therapy (modifications to contact, the zones of awareness, the degree of self-support, the style of contacts or relationship, etc), as well as relevant DSM and ICD diagnostic criteria (see domain 3).
- The role and function of the other professions, appreciating core differences as well as common features.
- Social, cultural and political dimensions of mental health and treatment. The client is not isolated from the context and interconnections. The social, cultural and political aspects influence the contexts of their clients in health and illness. Even if we are working with a single client, the wider systems are always addressed and affected.

- Social and political implications of the therapist's work, his/her role and responsibility in specific contexts where Gestalt specific interventions could be applied, among collaborating professionals, and wider in society.
- Current mental health policy, ethical codes and related legislation at national level as it applies to his/her professional work.
- The national and international professional organisations that assemble colleagues from the same or different approaches, as well as professional organisations at the European level like EAGT (European Association for Gestalt Therapy) and EAP (European Association for Psychotherapy) as a platform for meeting and exchanging with psychotherapists coming from the same or other professions and psychotherapeutic modalities.

8.2. A Gestalt therapist is capable of:

- Recognising the multiple perspectives from which human experience can be viewed and tolerating differences, uncertainty and the tension of seemingly incompatible polarities, relying on the process and the dialogue to bring more meaning and mutual understanding.
- Engaging with appropriate language and attitude in a I-Thou relationship and dialogue to avoid power imbalances in professionals-professionals, as well as professionals-clients relationships.
- Promoting and establishing effective professional relationships. S/he builds liaisons with other professionals and works collaboratively bringing a humanistic and "embodied in the field" perspective to the client's experience.
- Communicating to other professionals basic philosophy and principles that inform about Gestalt therapy, Gestalt diagnostic points and observations, and therapeutic process and outcomes. A Gestalt therapist is capable of creating a common ground, language and understanding with different professionals in different contexts where Gestalt therapy is applied (private therapeutic practice, clinical setting, schools, organisational setting, etc.).
- Making diagnostic remarks and conclusions in both Gestalt process and DSM/ICD terms. Gestalt therapist needs to be able to describe his/her client and make report in diagnostic terms that allow a dialogue with other professionals.
- Building networks with members of other professions and institutions in order to provide the necessary diagnostic and therapeutic security and availability of means of help for the client.
- Assessing when and how to refer a client to other professionals/practitioners (Gestalt therapist, a therapist from another modality, psychiatrist, etc. "The Gestalt therapist will only undertake those tasks where s/he knows, or should know that s/he has the necessary competence to address these tasks and bring them to a completion that is beneficial to the client's process. During the working process, the Gestalt therapist, upon discovering the limits of his/her competence, will either refer the client to another professional or will establish collaboration with another professional/other professionals" (EAGT - Code of Ethics and Professional practice).
- Conducting his/her practice in the accordance with relevant health policy, ethical codes and legal regulations.

Acting in accordance with ethical standards and when cooperating with other professionals s/he has to apply EAGT – Code of Ethics and Professional Practice, particularly in the following situations:

- The Gestalt therapist provides relevant information for the client and does not withhold information from the client about the availability of help and professional service through other colleagues, institutions or alternative settings (EAGT - Code of Ethics and Professional Practice).
- The Gestalt therapist seeks support and clarification of his/her difficulty regarding a problematic situation in an intermission context with experienced colleagues. S/he seeks individual or group supervision, depending on which supervision setting is best suited for support and clarification in the specific situation. He/she is capable of making use of professional consultation managing to incorporate all the clinical relevant ideas, perspectives and resources and transforming them into an appropriate intervention (EAGT - Code of Ethics and Professional Practice).
- The Gestalt therapist expresses him/her self in a specific and in here and now accurate way, with no judgment or etiquette in addressing clients or other professionals. The Gestalt therapist respects, also in public, the work of other colleagues and abstains from disqualifying remarks about other theoretical models, schools or colleagues in different professional roles (EAGT - Code of Ethics and Professional Practice).
- The Gestalt therapist acts with respect towards other colleagues and their work. S/he will not accept a task or project in which another colleague is already involved, especially when a therapeutic contract exists between the client and another therapist. In case of doubt, the Gestalt therapist enters into dialogue with the colleague after having obtained the client's informed consent (EAGT - Code of Ethics and Professional Practice).
- The Gestalt therapist acts responsibly and will not accept economic or personal benefits for referring clients to another colleague or institution (EAGT - Code of Ethics and Professional Practice).
- If a Gestalt therapist becomes aware of the behavior of a colleague which is likely to bring the field of psychotherapy into disrepute has a duty to confront that colleague and/or their professional association (EAGT - Code of Ethics and Professional Practice).
- The Gestalt therapist exercises professional judgment in determining when to disclose confidential information in order to cooperate with another professional, a Gestalt therapist identifies what information should be shared, in accordance with ethical standards to minimise intrusions on privacy.
- If the Gestalt therapist finds himself/herself in conflict between different or several ethical positions and requirements and cannot solve this conflict himself/herself or with the help of intervision and supervision, s/he addresses himself/herself to the Ethical committee of the NAO, NOGT or other relevant National or International Association (EAGT- Code of Ethics and Professional Practice).
- Engaging in socially responsible way, promoting among collaborating professionals principles of growth, self/regulation and adaptability of humans, social systems and societies.

References

- Roberts A. (1999). Introduction. In: Polster & Polster, From the Radical Center: The Heart of Gestalt Therapy. Cleveland: Gestalt Institute of Cleveland (GIC) Press.
- Joyce P. & Sills C. (2001). Skills in Gestalt Counselling. London: Sage.
- Sills C., ed. (2006). Contracts in Counselling. London: Sage.
- Behnke S. (2005). "Cooperating with other professionals: Reflections on Ethical Standard 3.09". APA March 2005, 36, 3. <http://www.apa.org/monitor/mar05/ethics.aspx>
- EAGT. Code of Ethics and Professional practice.
<http://www.eagt.org/pdf/Ethics Code & Complaints Procedure 2008.pdf>

DOMAIN 9

Use of Supervision, (Peer) Intervision and Critical Evaluation

9.1. Supervision

Using supervision, the Gestalt therapist needs to be familiar with:

- Dialogical Method, as a principle and attitude in the therapeutic relationship that includes: Presence, Inclusion and Commitment to Dialogue. Therapist and supervisor are actively present as persons and they show themselves in genuine and unreserved communication. The use of presence and self disclosure needs to be in the service of the therapy/supervision. Inclusion is a willingness to be touched and moved by the other person, while also maintaining a sense of self. Dialogue is a form of relating that is based on what the each person experiences. In a genuine dialogue both sides have valuable and needed perspectives to contribute (Schulz, 2004).
- Field theory as a way of understanding how one's own context influences how one experiences self and other. A person cannot be understood without understanding the field or the context in which s/he lives. No event occurs in isolation. Field theory looks at all events as a function of the relationship of multiple interacting forces. Interacting forces form a field in which every part of the field affects the whole and the whole affects all parts of the field (Yontef, 2002). Both supervisor and supervisee enter the field of therapy with the client in a parallel process. Supervision could give ground and help the therapist to recognise what is happening in the relationship with the client.
- Phenomenological principle of Gestalt therapy. In Gestalt psychology the phenomenological method refers to "as naive and full a description of direct experience as possible". The phenomenological method enhances direct, immediate experience to reduce the distortion of bias and prior learning. In Gestalt therapy it is not believed that one reaches objective truth by "bracketing". In phenomenological thinking, reality and perception are interactional co-creations; they are resulting from the relationship between the perceiver and the perceived (Yontef, 2002). In supervision the focus is more on "how" the process of therapy evolves then on "why". The supervisor is not looking for a "true explanation", all the members of the therapeutic field are experts about their relational experience.
- Relational attitude in Gestalt therapy that has focused on metatheoretical messages about the nature of the person, especially the client, and how these influence the safety and self-esteem of the patients. This has especially been discussed around the issues of shame and the values concerned in confrontive approaches to Gestalt therapy, issues of the value (e.g., of dependence, self-sufficiency, and interdependence). Relational Gestalt therapy has also been concerned with metatheoretical messages about how therapy is done (Yontef, 2002).
- A relational-based model of supervision in the context – supervision is always interpersonal, involves a systems perspective, it engages in a process of enquiry rather than a search for "truth", require balancing on the participant-observer dimension. It is a co-creation of "new" narrative and new meaning by supervisor and supervisee that informs the work with the client (Gilbert&Evans, 2000).

- Transference and countertransference from an intersubjective perspective, both the client and the therapist bring their own characteristic ways of organising the field between them based on their particular pasts to the relationship, which will tend to shape the way they perceive the present. The interpersonal dimension under Gestalt therapy's interest may be the intersubjective process between the psychotherapist and the client, or the immediate interaction between supervisors and supervisee or the interrelationship between these referred to as parallel process (Gilbert&Evans, 2000).
- Meta perspective and systems perspective. A Gestalt therapist fosters the development of "inclusion", a "third person" perspective in all the participants in the process, a capacity to be aware of many different angles from which the therapeutic process can be viewed, a capacity to evaluate the impact of our behaviour on the other and to be sensitive to the impact that others have on us, etc. (Gilbert&Evans, 2000).
- Paradoxical theory of change. Change does not take place through a coercive attempt by the individual or by another person to change him/her, but it does take place if one takes the time and effort to be what s/he is – to be fully invested in his current positions. By rejecting the role of a change agent, we make meaningful and orderly change possible (Beisser, 1970). A Gestalt therapist fosters commitment to the process of dialogue, rather than a commitment to a particular goal or outcome in therapy or supervision.

Using supervision, the Gestalt therapist needs to be capable of:

- Talking about her/his own needs for supervision and in supervision, make an initial contract and keep continuous contracting with the supervisor. The therapist is capable of self-disclosure and aware of her/his own feelings in the process, particularly the feeling of shame and makes an agreement with the supervisor about such a form of a supervision that would be appropriately safe and motivating.
- Engaging in dialogue with the supervisor, in non-hierarchical way, looking at the supervisor as a partner in a phenomenological learning experience rather than as an expert who knows how therapy should be. The therapist is capable for supervisory alliance as active partner in the co-creation of a relationship and co-creation of meaning in dialogue.
- Reflecting in a critical way on therapeutic process and progress. The therapist should be able to develop critical reflecting thinking of the process and the progress in the therapy; able to define his/her own questions for supervision, and able to take „the third person position“ when needed, in order to reach more comprehensive meta perspective of the process and context.
- Exercising phenomenological attitude, restrain from evaluation of her/his own work as good or bad and put aside fore-understanding, broaden awareness describing the obvious phenomena that appear in the supervised situation. Both the therapist and the supervisor do not ask „why“ therapist or client function a certain way, rather they explore together „how“ they are functioning. The therapist is able to become aware and describe phenomenological the phenomena and how they appear. S/he does not criticize the described phenomena (e.g. interventions of the therapist, behavior of

the client, transference and countertransference processes). Rather s/he explores them using the dialogue with the supervisor or using different possible creative experiments in supervision.

- Engaging in creation or re-creation of experience related to his/her question in supervision. The therapist is able to make use of the fact, that the therapeutic situation becomes present (to some extent) also here and now in the supervision. S/he has the courage and creativity to use “gestalting”, forming the therapeutic situation by creative experiments (e.g. role playing – the therapist plays her/his client; drawing; imagination; story telling; metaphors etc.). The therapist can use her/his actual awareness and the feedback from the supervisor (or also from other members of a supervision group) to get a more complex picture of the supervised situation. The therapist is able to use her/his bigger awareness for finding her/himself clues and guidelines for her/his further work with the client.
- Broadening her/his awareness and ability for contact. With the help of the supervisor s/he is becoming more aware of her/himself in a holistic way: s/he is aware of her/his body sensations, feelings, thoughts, impulses and intuitive insights and honours them as a rich source of knowledge about the therapeutic situation and self-support for his work. The therapist in supervision works on her/his own ability and readiness for contact, for meeting the client as s/he is, to be open to existential encounter with the client. The therapist is able to use exploration of her/his own process in supervision for raising awareness and capacity for contact, to use it for the profit of her/his client. The therapist is able to use supervision as a third party in the relationship with the client, as grounding and support. This enables her/him not to repeat the client’s usual relational patterns only, but rather be open to new, creative ways of contact during the dialogue with the client.
- Understanding inter-relations and the context of therapeutic work. The therapist does not see her/himself and her/his client as two separate individuals. Through the dialogue with the supervisor the therapist becomes more aware of the whole field of the therapeutic situation in which the therapist and the client define each other and are influenced by other elements of a broader field. The functioning of the therapist or the client is not an isolated phenomenon which has its „intra-psychic reasons“, but rather it is a function of the field which appears here and now in the therapeutic situation. The therapist is able to distinguish her/his own need and to pay attention to her/his own personal process for her/his own healing or growth. S/he is able to bracket this needs in supervision and bring them to her/his personal therapy.
- Recognising and addressing transference, countertransference and parallel process. The relational situation in supervision gets organised according to similar regularities as the supervised therapeutic situation. E.g. the therapist can start to relate to the supervisee the same way like the client relates to the therapist. The therapist is able, through the dialogue with the supervisor, to name transference and countertransference processes in the supervision relationship and use them as a source of information about a parallel process (which is similar in the supervision relationship and in the therapeutic relationship).
- Respecting paradoxical theory of change and diversity in personal styles. The therapist does not try to change her/himself. S/he relies on her/his own potential and ability of creative adjustment. S/he accepts the support from the supervisor who without evaluation helps the therapist to become aware of the broad spectrum of

different aspects of the therapeutic work, building her/his own therapeutic approach and accept and honour it. The change can happen then, if needed.

- Recognising her/his therapeutic competences and developmental potentials and also her/his professional and personal limits. Through the dialogue with the supervisor the therapist recognises more of her/his therapeutic competences, integrates them into his personal therapeutic approach and also recognises needs and possibilities of her/his further professional development. Supervision helps therapist to be what s/he is, so the therapist can develop her/his creativity and be aware of her/his skills and limits. The therapist is able to bring this attitude experienced in supervision into psychotherapy and use it with clients.
- Learning from the experience and modelling. The therapist is able to get an inspiration for his own therapeutic work with clients from the use of these above mentioned principles by the supervisor, gradually developing a reliable 'internal supervisor' as integrated representation of quality control.
- Creatively adopting and applying known experience, bringing the knowledge and skills gained in supervision into her/his therapeutic work in a creative way and with regard to the actual therapeutic situation and needs of her/his client.

9.2. Intervision

The therapist develops the same skills in intervision as in supervision (described above). In intervision, there is a stronger accent on sharing responsibility for the process of intervision and also there is an equal partner collaboration of present therapists.

Critical evaluation

The therapist is able to critically evaluate her/his work in supervision, in intervision and first of all directly in the therapeutic relationship. During the course of therapeutic process the therapist is able after a reasonable period of time to look back at the process of therapy and evaluate it together with the client. The therapist is open and curious to the viewpoints of the client and together they explore meaningful possibilities of further process of the therapy.

References

- Beisser A. (1970). "The Paradoxical Theory of Change in Fagan and Shepherd's Gestalt Therapy Now". The Gestalt Journal Press <http://www.gestalt.org/arnie.htm>
- Evans K. & Gilbert M. (2005). An Introduction to Integrative Psychotherapy. Houndmills and New York: Palgrave Macmillan.
- Gilbert M.C. & Evans K. (2000). Psychotherapy supervision. An integrative relational approach to psychotherapy supervision. Buckingham, Philadelphia: Open University Press,.
- Hewitt Taylor J., Poole S., Rodway R. & Tyson R. (2006). "Parallel Process in Supervision: A qualitative investigation". European Journal for Qualitative Research in Psychotherapy, 1, 10-20.

Houston G. (2002). "Supervision: The Difficult Art of Simple Awareness-Raising", British Gestalt Journal, 11/2, 120-124.

Schulz F. (2004). Relational Gestalt Therapy: Theoretical foundations and dialogical elements <http://www.gestalttherapy.org/publications/RelationalGestaltTherapy.pdf>

Yontef G. (2002). "The Relational Attitude in Gestalt Therapy Theory and Practice". International Gestalt Journal 25/1.

Yontef G.M. (1993). Awareness, dialogue and process. New York: The Gestalt Journal Press.

DOMAIN 10

Ethics and Cultural Sensitivities

Introduction

As we become an increasingly multicultural society, differences in race and culture between client and counsellor are more and more likely” (Joyce & Sills, 2010). We must be aware of cultural diversity and other cultural values and norms. Lately in psychotherapy we got used to pay attention to gender role differences in therapeutic relationships. It is of utmost importance to be aware of one’s own gender and the gender constellation of the therapeutic relationship, and how this develops during the course of the therapeutic relationship.

Working within the European and globalized field broadens the aspects that have to be considered.

It is very likely to accept clients, who are from a different cultural background than the therapist. Having this in mind we must be aware on what Pack-Brown, Thomas, and Seymour (2008) emphasize about ethical responsibility of counselors to provide professional services that demonstrate respect for the cultural worldviews, values, and traditions of culturally diverse clients. Moreover, Duran, Firehammer, and Gonzalez (2008) assert that culture is part of the soul. So, it seems that cultural self-awareness of a therapist is very important for the client’s therapeutic journey (Roysircar et al., 2003; Bar-Yoseph Levine, 2005). As Gestalt therapists we are challenged to engage with these topics in ever changing conditions and situations, as «all values are fundamentally relative, changing with place and times» (Wertheimer in Lee, 2007). A relational approach to ethics sees an ethical response to a challenging situation as being field-dependent and needs to find a solution that «further[s] the development of both the individual and the environment» (Lee, 2007, in Joyce & Sills, 2010).

With ethical dilemmas occurring, when there is a conflict between two or more values that can also be viewed as polarities, they have to be addressed in creatively finding a way that allows the development of the relationship between individual and environment by acting authentically and with an awareness of the relational and field perspective.

10.1. A Gestalt therapist is familiar with:

- his/her own ground of racial, cultural and gender identity values, and being aware of these aspects affecting the co- created therapeutic relationship. Discovering own cultural beliefs for the therapists are very important for therapeutically process (Roysircar, 2004). Aspects of differences of sexual orientation, gender, age, religious background, disabilities and education are to be taken into account.
- concepts of different types of ethics such as normative and integral ethical issues. The normative ethics are one pole of the field and that this pole needs to be initially accepted. Moving towards integral ethics, that is, the bi-polar view of each pole is equally valid and finally integral ethics, where good and bad, beautiful and ugly etc., are all dissolved into a unity. Integration means that we form a unity of the parts, without diminishing any of the parts or losing any of their qualities. This kind of

model offers the practitioner a way forward in working with clients that acknowledges the inherent power imbalance between therapist and client and offers a way forward that works with process as opposed to a list of “do’s and don’t’s” (Gremmler-Fuhr, 2001, p. 20).

- the concept that understands ethical issues in Gestalt therapy as being part of the larger field, which is more directly tied into a radical extension of field theory. Wheeler (2005) emphasized the individual is already acculturated from birth. According to Reck (2009) Levinas stated that the individual, who is inherently understood as always being in relation to another, is bound to an ethical responsibility to the other.
- the concept of organismic self-regulation: in the ground of both client and therapist is their unique history of race, nationality and culture (Joyce & Sills, 2010) and s/he is aware of this when working with the client.

10.2. A Gestalt therapist is interested in and curious of the topics of cultural, racial and gender diversity and capable of:

- differentiating between virtue ethics and principle ethics: principle ethics asks “Is this situation unethical?” whereas virtue ethics asks “Am I doing what is best for my client?” Even in the absence of an ethical dilemma, virtue ethics compels the professional to be conscious of ethical behavior (Meara, Schmidt & Day, 1996, according to Corey, Corey & Callanan, 2011, p.41). A Gestalt therapist is integrating both aspects into his/her therapeutic work in order to reach better ethical decisions.
- finding ever new solutions to ethical questions arising within the therapeutic relationship together with the client, acting ethically and authentically, relying on the ethical codes that are provided and the therapist has subscribed to. And by that facilitating our dialogical approach, that implies not only to ask these questions but rather explore their possible meanings through existential dialogue with the client.
- applying principles of process and relational therapy in the ethical area with awareness of diversity, multiculturalism and gender aspects.
- thinking about ethical issues with awareness of spontaneity and creativity, contact and encounter these as principles in Gestalt therapy.
- using Gestalt therapy ethics relying on phases of identification to differentiation and for the never ending integration
- being aware that the therapist can only support the client’s moral development if s/he has an awareness of the respective experiences and reflections pertaining to the client’s moral level of morality.
- applying phenomenological method in ethical issues with awareness that nonverbal behavior is different in different cultures.
- using concept of contact and boundaries in Gestalt therapy with the client with respect of client’s cultural background.
- applying concept of organismic self-regulation in ethical issues with awareness of cultural values.
- respecting cultural diversities when working with clients from different cultural backgrounds and uses the field theory of Gestalt therapy.
- looking into the wider field that is influencing the therapeutic relationship and identifies her/his biases, prejudices, personal values etc.

- applying concept of self, especially personality function according to understanding of values and traditional beliefs in different cultures.
- applying cultural pluralism and using awareness and contact as a Gestalt basic principle in therapy process. Exploring his/her own cultural beliefs and stereotypes using Gestalt experiments and experience in personal therapy groups or (peer) supervision groups.
- using an interdependent experimental style and relying on experiential-existential attitude when working with clients from the different culture. The therapist is, in accordance with the ethical principles, responsible for the use of techniques (what, where, how, with whom etc.) and responsible for not restricting the theory by the use of techniques.

References

- Amendt-Lyon, N. (2008) Gender Differences in Gestalt Therapy. *Gestalt Review*, 12(2): 106-121.
- Amendt-Lyon, N. (2008) Reply to Commentaries. *Gestalt Review*, 12(2):140-143.
- Amendt-Lyon, N. (2013) Relational Sexual Issues. *Love and Lust in Context*. In: Francesetti et al. *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. FrancoAngeli, Milano
- Bar-Yoseph Levine T., ed. (2005). *Dialogue Across Cultures*. New Orleans: Gestalt Institute Press.
- Meara, Schmidt & Day (1996) In: Corey G., Schneider Corey M. & Callanan P. (2011). *Issues and Ethic in the Helping Professions*. Belmont, CA: Brooks/Cole, Cengage Learning.
- Duran E., Firehammer J. & Gonzalez J. (2008). "Liberation psychology as a path toward healing cultural soul wounds". *Journal of Counseling and Development*, 86 (3), 288-295.
- Gremmler-Fuhr M. (2001). "Ethic Dimensions in Gestalt Therapy: From a Normative to an Integral Formation of Value Judgments". *Gestalt Review*, 5 (1), 24-43.
- Joyce P. & Sills Ch. (2010). *Skills in Gestalt Counselling & Psychotherapy*. London: Sage.
- Lee R.G. (2004). *The values of Connection. A relational approach to Ethics*. Gestalt Press.
- Pack-Brown S.P., Thomas T.L. & Seymour J.M. (2008). "Infusing professional ethics into counselor education programs: A multicultural/social justice perspective". *Journal of Counseling and Development*, 86 (3), 296-302.
- Reck M. (2009). "The Gestalt of Multiculturalism: An Analysis of Gestalt Therapy Theory in Light of Ethnic Diversity with a Focus on Organismic Self-Regulation. Unpublished Doctoral dissertation". School of Professional Psychology. Paper 74. Retrieved from <http://commons.pacificu.edu/spp/74>.
- Roysircar G., Sandhu D.S. & Bibbins V.E. (2003). *Multicultural competencies: A guidebook of practices*. Alexandria, VA: American Counseling Association.
- Roysircar G. (2004). "Cultural self-awareness assessment: Practice examples from psychology training". *Professional Psychology: Research and Practice*, 35 (6), 658-666.
- Ullman, Deborah; Wheeler, Gordon (Eds.) (1998) *The Gendered Field. Gestalt Perspectives and Readings*. GIC Press, Cambridge, Mass.
- Wheeler G. (2005). "Culture, self, and field: A Gestalt guide to the age of complexity". *Gestalt Review*, 9, 91-128.

DOMAIN 11**Management and Administration****11.1. A Gestalt therapist is competent to:**

- Being aware of her/his own contribution to the field conditions. S/he is aware that s/he is part of the shared field with her/his clients and takes an active part in the field organisation by the way s/he manages the case load and own support systems, the way s/he generally takes care of her/himself in a holistic way (mind, body, emotional, spiritual dimensions). S/he is aware that s/he also contributes to the field organisation with her/his clients by the way s/he maintains business practice, administration and accounting systems.
- To observe phenomenologically (clearly but without blaming her/himself or the client) her/his own active contributions to the field organisation mentioned above.
- To distinguish differences of these own contributions in different cases of different clients. To observe phenomenologically these differences and value them as a source of information about the features of the organisation of the shared field with the concrete client.
- To use this source of information for the therapeutic work and also as a feedback for her/his own functioning as a professional and as a person.
- To make records of the therapy sessions in a way that is based on Gestalt Therapy principles. This means not only to write down the phenomenological description of the process of the client, but focus also on the description of the therapist's own experiences with the client and the therapist's contributions to the field organisation during the process of therapy.

DOMAIN 12

Research

«Gestalt therapy is an existential, experiential and experimental approach...» (Laura Perls, 1992 according to Strumpf, 2004). Gestalt therapy needs both quantitative and qualitative methods in order to establish sufficient warrant. Such multi-method or mixed method research programs are necessary because phenomena are multifaceted, with multiple components (Brownell, 2008). Investigators need to clarify their research aims, adopt a pluralistic approach and use both qualitative and quantitative means. Observation/description is crucial to the Gestalt approach and is as important as people's experience (Greenberg, 2013).

The Gestalt therapist is concerned with the quality of awareness, attention, and the integrity of experience, the phenomena that require qualitative and process research methods. The task of phenomenology is the study of things in how they appear through our consciousness and, through this, the nature of awareness itself. Qualitative research analyses data inductively, avoiding the linear deduction, value free objective observations and quantifiable facts of a positivist world-view (Morrow & Brown, 1994). The aim of a qualitative research inquiry is to gather a description of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena (Kvale, 1997).

Process research based on observation of what people actually do in therapy is necessary to provide empirical support for the therapeutic practice i.e. explicate, test, and revise the theoretical premises and ingredients of specific treatments, as well as to enable researchers to identify the active change ingredients. For psychotherapy research to become a true applied science, it needs to specify the processes of change that is produced by therapeutic effects (Greenberg, 2013). Greenberg & Malcolm (2002) demonstrated that those in therapy who engaged fully in these change processes benefited both more than those who did not, and more than those who experienced the more general effects of a good alliance.

Research is never a "valuefree" zone – subjectivity is always present. The research process both profoundly affects and is affected by the researchers (Scott, 2008). An inter-subjective process between researcher and research participants is also part of phenomenon of research. Practicing research in the therapy we should be aware that how therapeutic process affects research and how the therapeutic process is affected by research.

The Gestalt therapist is open to co-operate with and to contribute to research work that is instrumental to further development in professional therapeutic and diagnostic work and makes his/her own research work accessible to the therapeutic community in accordance with the EAGT - Code of Ethics and Professional Practice. In his/her own research work, the Gestalt therapist observes the rules that respect his/her colleagues' work; and the copyrights of all professional material will be observed in accordance with the EAGT - Code of Ethics and Professional Practice.

12.1. A Gestalt therapist is familiar with:

- Requirement of the research in psychotherapy for warranty of practice and development/enhance of evidence based treatment (Brownell, 2008).

- Both quantitative as well as qualitative paradigms, methods and techniques in psychotherapy research (Brownell, 2008), as well as process research (Greenberg 2008, 2013). A Gestalt therapist recognizes interface and differences between different methodologies and their fields of application.
- Holistic approach and inter-relations in the context of person/ environment field. The Gestalt therapist addresses the range of dimensions – physical, intra-psychic, inter-personal, cultural, ecological and spiritual relevant for holistic approach in therapy and research (Barber, 2008).
- Heuristic and phenomenological research approaches, both characterized by an evolving understanding of the nature of the research process that requires awareness of self, self in relationship and the process “between” and concerned with “meaning”, “insight” and “understanding” (Evans, 2007). Phenomenological inquiry, drawing on existentialism and building an appreciation of the lived experience through description and the way individuals construct their own meanings (Barber, 2002, 2008).
- Subjectivity in research (Finlay, 2009). Gestalt researchers use themselves reflexively in the research process. Phenomenological and heuristic researchers in particular manage – and even embrace – their subjectivity.
- The process and evaluation research and process-experiential methodologies (Strumpf, 2004; Greenberg, 2013).

12.2. A Gestalt therapist is capable of

- Reviewing in a critical and reflective way Gestalt research literature and other relevant scientific research literature.
- Engaging in a dialogue with colleagues of all modalities about research findings relevant for therapeutic practice.
- Recognising and formulating research questions derived from Gestalt therapy theory and practice.
- Engaging in study and research aimed to provide empirical support for therapeutic practice.
- Recognising sequential steps of observation/description, measurement, explanation/ understanding and prediction of phenomena; engaging in observation/description and measurement of phenomena (if possible) in the process and outcome of psychotherapy.
- Using methodology which enables exploration and description in depth on the subjective and relational experiences of the client and the researcher, while maintaining a balance between flexibility, validity and comparability of the data.
- Conducting research in dialogic I-Thou manner. Addressing the co-created and relational dimension of research and therapy.
- Exercising interviewing skills, reflexive intuitive interpretation, inferential thinking and openness for options.
- Collecting data, reasoning inductively, focusing on meanings and describing a process.
- Using phenomenology as the methodology for research that supports personal experience as a legitimate source of research data.

- Exploring the subjectivity in research processes, reflecting critically on how the therapist shapes the research; critically interrogating the impact of therapist's subjectivity on the research and vice versa.
- Conducting research on "microscopic" aspects of process in the course of therapeutic work to recognize evidence and moments that precede or accompany the turning points and the most important therapeutic experiences.
- Being able to sit with ambiguity in different research findings and not-knowing "the truth" in advance, rather using that uncertainty creatively for formulating new research questions.
- Taking a holistic approach in research, consider the context of person/ environment field; within research s/he is able to recognize and address the cultural, socio-political, ecological and spiritual dimensions of human experience.
- Thinking interdisciplinary and fostering links with research initiatives in the broader context of psychiatry, psychology, philosophy, sociology, religion and spirituality, etc.
- Respecting personal and cultural difference, and privacy of participants and data gathered; applying intrinsic and extrinsic ethical dimensions of Gestalt therapy (see domain 10).
- Utilising sound outcomes of evaluation procedures to help substantiate Gestalt therapy practice as evidence based practice. Implementing research findings in his/her therapeutic practice and develop further as a reflexive practitioner.
- Supporting publications and other projects that seek to further a research community within the profession.

References

- Barber P. (2002). "Gestalt. A Prime Medium for Holistic Research and Whole Person, Education". *British Gestalt Journal*, 11, 2.
- Barber P. (2008). *Becoming a Practitioner Researcher: A Gestalt Approach to Holistic Inquiry*. London: Middlesex University Press.
- Brownell P., ed. (2008). *Handbook for Theory, Research, and Practice in Gestalt Therapy*. Cambridge Scholars Publishing.
- Evans K. (2007). "Relational Centred Research: A Work in Progress". *European Journal for Qualitative Research in Psychotherapy*, Issue 2.
- Evans K. (2013). *Research and Gestalt Therapy*. In: Francesetti G., Gecele M. and Roubal J., eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milano: FrancoAngeli.
- Finlay L. (2009). "Embracing researcher subjectivity in phenomenological research: A response to Ann Scott". *Journal for Qualitative Research in Psychotherapy*, 4.
- Finlay L. and Evans K. (2009). *Relational Centred Research for Psychotherapists: exploring meanings and purpose*. Chichester, UK: Wiley-Blackwell.
- Flick U. (1998). *An Introduction to Qualitative Researching*. London: Sage Publication.
- Greenberg L. (2006). *Change Process Research*. In: Norcross J.C., Beutler L.E. and Levant R., eds., *Evidence-based Practices in Mental Health*. Washington, DC: American Psychological Association.
- Greenberg L. (2008). *Quantitative Research*. In: Brownell P., ed. *Handbook for Theory, Research and Practice in Gestalt Therapy*. Cambridge: Cambridge Scholars Publishing, 64-89.

- Greenberg L. (2013). Describing the Obvious: Comment on Research and Gestalt Therapy. In: Francesetti G., Gecele M. and Roubal J., eds., Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact. Milano: FrancoAngeli.
- Kvale S (1983). "The qualitative research interview: A phenomenological and a hermeneutical mode of understanding". Journal of Phenomenological Psychology, 14, 171-196.
- Morrow R.A. & Brown D.D. (1994). Critical Theory and Methodology. London: Sage.
- Scott A. (2008). "The Effect of Doing Qualitative Research on Novice Researchers", European Journal for Qualitative Research in Psychotherapy, 3.
- Strumpf U. (2004). "Research on Gestalt Therapy", International Gestalt Journal, 27/1: 9-54.

DOMAIN 13

Prevention and Education

Introduction

Gestalt therapists have faith in the concept of self-regulation of the organism-environment-field (Perls, Hefferline & Goodman, 1994) and support this process rather than looking out for what is not functioning. Prevention in Gestalt terms means being oriented not in the outcome but in being aware of the process of Gestalt-formation and in the support of the process which is characterized by aesthetic criteria and the extent of the existence of aesthetic criteria like, grace, harmony, fluidity, vitality and liveliness (Bloom, 2003). For a Gestalt therapist prevention and education is a process of supporting the development of abilities for making contact with the world and having a feeling of being part of a larger community, where both –therapist(s) and client(s) - belong to.

E.g. repetition can be seen as a “fixed Gestalt”: at the same time repetition can be a dysfunctional pattern and a way to maintain alive an intentionality of contact coming from an ‘unfinished business’. When repetition is a fixed Gestalt, it comes from a previous creative adjustment that has become crystallised and emerges in the therapeutic meeting as an interruption (or flexion or loss of spontaneity, etc.) of contact (Amendt-Lyon, 2003).

In the field of psycho-social education Gestalt therapists are sensitive and aware about these issues: Gestalt therapy has a highly oriented socio-political approach. Paul Goodman in particular, one of Gestalt therapy’s founders, was deeply involved and engaged in pedagogical, political and educational topics. (Goodman, 1990; Stoer, 1977; Schulthess, in preparation; Melnick & Nevis, 2009).

13.1. In the field of prevention and education with clients

13.2.1.1. A Gestalt therapist is capable of:

- Being process oriented in working.
- Being aware of and supporting client’s awareness and understanding for his/her contact styles.
- Activating productive thinking, deeper insight and creative adjustment to organism-environmental needs.
- Applying the principles of Gestalt therapy e.g the concept of figure/back ground dynamic.
- Supporting client’s re-organising the field in search of good form.
- Exploring client’s sensorial, motorial and affective qualities of contact.
- Engaging in a dialogical relationship.
- Supporting client to find new creative authentic expressions.
- Supporting process of transforming old and known patterns into novelty.
- Having a bigger picture of the field the client is living in and supporting and developing processes of new relational contacts within the client’s field.

- Activating client's abilities to make contact with the environment and developing a good form of being in contact with the environment.

13.2. In the field of prevention with others a Gestalt therapist is capable of:

- Promoting the awareness of the field perspective and of the reciprocal influences between individuals and community.
- Promoting the concept of creative adjustment and understanding of dysfunctional patterns as creative adjustments to adverse life conditions.
- Promoting the awareness of the social field where s/he and her/his clients are living.

13.3. In the field of psycho-social education a Gestalt therapist is:

- Aware that psychotherapy always has preventative and educational aspects and that this psychotherapeutic meeting is taking place in a social, cultural and political environment in which both- therapist and client(s) – are involved.
- Creating and supporting the creation of conditions that are supportive to development and growth of the person and of the community.
- Supporting the transformation of fixed Gestalten into lively co- created relationships.
- Supporting a relational-dialogic relationship, that values the experience in the here and now, between individuals as well as between groups like e.g. schools etc.
- Promoting the understanding of emerging relational patterns in the contemporary society.
- Engaging in socio- and health-political topics by means of Gestalt concepts.
- Engaging in de-constructing fixed Gestalten in personal as well as socio-political levels

References

- Amendt-Lyon N. (2003). Toward a Gestalt Therapeutic Concept for Promoting Creative Process. In: Spagnuolo-Lobb M. & Amendt-Lyon N., eds. Creative license. The art of Gestalt Therapy. Wien: Springer.
- Bloom D. (2003). "Tiger! Tiger! Burning Bright"- Aesthetic Values as Clinical values in Gestalt Therapy. In: Spagnuolo-Lobb M. & Amendt-Lyon N., eds. Creative license. The art of Gestalt Therapy. Wien: Springer.
- Goodman P. (1990). Comunitas: Means of Livelihood and Ways of Life. Rev. 3rd edition, New York: Columbia University Press.
- Melnick J. & Nevis E., eds. (2009). Mending the world. Social Healing Interventions by Gestalt Practitioners Worldwide. Wellfleet, MA: Gestalt International Study Centre.
- Perls F., Hefferline R.F. & Goodman P. (1994). Gestalt Therapy. Excitement and Growth in the Human Personality. Gouldsboro, ME: The Gestalt Journal Press.
- Schulthess P. (in preparation). Political and social roots of Gestalt Therapy. Psychotherapy as political act.
- Stoer T. (1977). Nature heals. New York: Free Life Editions.