

GESTALT THERAPY: NOW AND FOR TOMORROW

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This paper is dedicated to Robert Resnick: my teacher, mentor and friend.

ABSTRACT

Gestalt therapy introduced an epistemology to psychology that challenges the mechanistic, technical and outcome-oriented approaches of scientism and globalization. Gestalt Therapy is ready to articulate this epistemological and ontological shift from heroic utilitarianism to reverent hospitality. The Gestalt therapy concept of growth includes the ability of the organism to co-create (together with its environment) a place where organismic needs and the resources for life converge to provide a place of human habitation. By invoking a place of habitation or, in some instances, rehabilitation, Gestalt therapy offers more than mere cure. It is concerned with healing. Rehabilitation appeals to and summons up a place of belonging, a place to inhabit that represents home to each of us. There cannot be healing without rehabilitation and there cannot be rehabilitation without healing. This process of journeying and dwelling, which is the activity of psychotherapy, is an invitation to sacred ground. A sick environment and community is just as debilitating for the person as a suffering soul. A healer for our times is required to care for the environment and the community, by addressing a range of political and socio-economic issues such as globalization, as well as the transpersonal and spiritual interiority of people's souls.

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Gestalt therapy: Now and for tomorrow

This paper attempts to show how the ethos of Gestalt therapy is more relevant today than ever before. Gestalt therapy was prepared for the 21st century nearly 60 years ago, when Perls, Hefferline and Goodman published *Gestalt Therapy* in 1951. Arguably (or polemically, depending on the reader's point of view), Gestalt therapy's post-modern credentials were already established in this now-classic book. Questions of the social order and community, illness and health, deviance and normalcy, assessment and diagnosis, and the relationships among intervention, economics and politics, are considered from within an anthology of original and unique deliberations.

Drawing on the prevailing knowledge of social, psychological and anthropological understanding, Gestalt therapy was a new and influential configuration of many disparate and distinctive ideas. Perhaps most importantly, Gestalt therapy introduced an epistemology to psychology that challenged the prevailing mechanistic, technical and outcome-oriented approaches of the 20th century. Gestalt therapy already has the theoretical resources to meet this challenge – its readiness was established in the 1950's. As Aylward (1999) points out:

To meet the challenges we need not say or do anything new but simply restate (perhaps more loudly) what is already present in our literature. To do so, it is imperative that we once again apply our theoretical model to sociopolitical issues and realities that contribute to the individual boundary disturbances we deal with in our psychotherapeutic practices. {Aylward 1999:108}

In other words, Gestalt therapy was not only advanced for the 1950s – it is advanced even for the new millennium, and some of its implications for our future are explored in this essay.

The Next Inquisition

We are in the early stages of a modern inquisition. We now find ourselves in a “brave New World” (Huxley, 1932/1975), with the advent of contemporary globalization, vast changes in community relations and transformations in the significance and impact of social institutions. This new world is narrowly defined by a questionable set of beliefs that constrain one's vision of humanity to a set of rationales that is defined by technology (“scientism”) and globalization (“free-market economics”). We live in an upside-down world where tools and gadgets make the person – rather than the other way around.

Scientism: The pursuit for power

The optimism of science – ever since its Aristotelian beginnings before the current era – has brought undreamed-of rewards to the evolution and development of people in community, individual, personal, public, economic, social and many additional areas of human enterprise (Evans 2007:193). The idea that experimentation (in the widest sense of the word) is a key to human understanding leads one from the fantasies of untamed opinion toward an appreciation that a map is not the

territory. A philosophy of science that implies ontological commitments is a necessary prerequisite to the foundation of a hopeful discipline. And so the grand rationality and reasonableness of science redefined “reality.”

Modern science, that great engine of egalitarianism and influence for decency, which led the way out of the last inquisition, has now been usurped by and for a powerful minority. It no longer serves the general interests of the people, but the will of a few. Science has morphed into “scientism” – science conducted and directed by methodological, technological and ultimately doctrinaire political interests. Marked by a “technical rationality,” scientism has been “stupendously successful in promoting the machine world.” (Parlett, 1991:75) “Scientism” and its little brother, “technicism,” have become the siblings of control, coercion and compulsion, bullying their way through the core of rational thinking, and narrowing our view of the world in a reductionist spiral.

The escalating meaninglessness of scientific efforts is guided and biased by its constrained and increasingly constraining views of evidence. Standards of evidence are increasingly aligned with socio-political issues - particularly the political implications and profitability of a project. We can see this growing contempt for evidence in the managed healthcare industry. One example should suffice. When the chief medical officer of a managed care company asserts that:

...behavioral health for many is a commodity. And in a commodity market, if everything is the same, the cheapest price deserves the market ... The industry needs to measure what's important to employers (absenteeism, relapse rates, etc.) and proactively demonstrate the value of mental health services in addressing these concerns.(Aylward 1999:116)

The question (unanswered initially by the speaker) is: who – exactly - are the “many” for whom behavioral health is a “commodity”? We then read unambiguously that the “many” are the employers! Nowhere does the consideration arise that health care is, in reality, *not* a commodity that is subject to the rules of capitalist economics. The measures of healing used by clients/patients are increasingly irrelevant to the medical model adherents.

There is a movement, a shift in emphasis, away from *significance* and *meaning* as criteria for acceptable and reasonable evidence for – or against – a venture. “Today's scientists have substituted mathematics for experiments, and they wander off through equation after equation, and eventually build a structure which has no relation to reality” (Nikola Tesla, circa July, 1934). The new science, as Anderson (2008) describes it,

...is a world where massive amounts of data and applied mathematics replace every other tool that might be brought to bear. Out with every theory of human behavior, from linguistics to sociology. Forget taxonomy, ontology and psychology...There is now a better way. Petabytes allow us to say: ‘Correlation is enough.’ (np)

This Petabyte age can dispense with models; “it forces us to view data mathematically first and establish a context for it later” (Anderson, 2008:108). It is noteworthy how the Petabyte age *forces* us,

like the inquisitors of the past, to ignore context, chronicle and culture. Thus, science has been reduced to scientism. Rescuing us from the inquisitions of the dark and middle ages, science has now allowed the same non-personal forces to usurp the human enterprise. Numbers “speak for themselves” and people are irrelevant for understanding the human endeavor/condition. Context, culture and conventions are for dreamers. As Anderson (2008) states: “Who knows why people do what they do? The point is that they do it, and we can track and measure it with unprecedented fidelity. With enough data, the numbers speak for themselves” (nd). And when they do, as Tesla (again) notes: “The scientists of today think deeply instead of clearly. One must be sane to think clearly, but one can think deeply and be quite insane.”

Globalization: The pursuit for profit

The positive hope of globalization – its benefits to developing countries, improved health, educational and employment possibilities, together with a higher Gross Domestic Product (GDP) which has been used as a proxy for the standard of living (i.e. a rising GDP has been used to argue that the standard of living of the general population is improving) has not always been documented or achieved. This is partly due to the measurements that are admitted as legitimate and reasonable for assessing sustainable development. (Again, as with science, we revisit a common context, the issue of “evidence.”) Subsistence economies and markets that do not pursue the accumulation of wealth, for example, are not included in GDP figures.

The contemporary pervasive short-term pursuit of wealth places an undue burden on the environment (Ferguson 2008). Instead of benefiting the general populations of countries around the world, globalization has benefited the strong and wealthy economies with a long-term detriment to developing and underdeveloped economies. These shifts are not only in the realm of highly industrialized nations towards lesser industrialized countries, but also play out within the wealthy countries where the reality of a shrinking “middle class” develops together with greater poverty and disenfranchisement. A shrinking middle class (whether in developed or developing countries), for example, is a direct result of the movement of jobs from stable communities to those places that provide cheaper labor. This is commonly referred to as a “free trade agreement” – but what it really amounts to is a “free investment agreement.”

This movement of power, away from people and communities towards conglomerates and big business, is repeated at micro and macro levels. An effect of this shift is that globalization rapidly destroys the fragile fabric of communities that do not have the resources to contain or combat its negative consequences. Community relations are stripped of their shared and communal spirit; people are disembodied in a ghostly ethereal world of machinations where their “responsibility” is gradually reduced to that of being mere providers of services from which they do not benefit. Social institutions that were originally established to protect human discourse and intercourse are becoming limited to commercial, trade and technological interests. The dominant propaganda systems have appropriated the term ‘globalization’ to refer to the specific version of international economic integration that they favor, which privileges the rights of investors and lenders, rather than ordinary people (Chomsky 2002).

Governments and government surrogates demand compliance from professional mental health workers with the rules of globalization that benefit the wealthy and the powerful. Health Maintenance Organizations (HMOs), Non-Government Organizations (NGOs) and government agencies that oversee health and environmental issues have followers for whom the preservation of the institution is more important than the service it affords the public domain (Resnick 1995). Refusing their “for-profit” mandate is economic suicide which is roughly the modern equivalent of heresy.

The Medical Model: The meeting of prestige, power and profit

Psychology is not free from this topsy-turvy turnabout that has come under the influence of scientism and globalization. Psychology’s nemesis takes the form of the medical model. The epistemological and ontological arrangements that support globalization and scientism are the same as those that support the medical model. The authority and power of the medical model, with its cures for various illnesses and its place of prestige in the hierarchy of social values, is sanctioned by an epistemology that defines and defends the mechanistic, technical and outcome-oriented approaches of the 20th century.

“Medical psychology” and “behavioral medicine” under the influence of this positivistic discipline (together with the questionable veracity of the iniquitous Diagnostic and Statistical Manual) has come to be the benchmark of good psychology, in concert with psychoanalysis, behaviorism and the “human potential movement.” As much as these branches may appear dissimilar, they are all outgrowths of the same modernist tree.

Alongside this hegemony and power is the quest for profit. Aylward (1999) states clearly and unequivocally the economic challenge to the creation and design of adequate and appropriate mental health services:

One formidable challenge to our way of viewing contact functions is the managed health-care industry. Adaptation and adjustment are placed on work standards developed by bureaucratic managers, whose interests lie in worker conformity to company policy: the ultimate measure of business-determined mental health. Behavioral measures dominate psychotherapeutic outcome data, the independent variable being maximum conformity for minimum cost. (p. 116)

Professional mental health workers stack up their 13-session cures and other nonsense to compete in the “marketplace of ideas” for customers/consumers. Censuring the demise of common caring and consideration in our post-modern culture, O’Hara (1998:156) writes that, “... a more aggressive and focused push has come from the increasing privatization of health care which has taken the eternal need to care for the sick and turned it into a lucrative profit-generating industry”. Financial viability is the primary goal in this marketplace – before the needs of the client and,

...mainstream psychology shows few signs of understanding the real nature of the contemporary challenge and instead seems bent on shoring up its modernist credentials. Many of us now find ourselves having to fudge on insurance forms to make our practice seem more like cognitive

behaviorism or some other "empirically validated" approach or not accept third party payments at all. (O'Hara 1998:164)

In the contemporary hegemony of power and profit "... we are all facing the same dislocation from our contextual roots," states O'Hara (1998:157). Increasingly, we find that "health care" is a misnomer – it primarily caters to the economic and power interests of the end-use provider, i.e. those institutions and organizations that determine the access, adequacy and appropriateness of health care to the patient/client. As power and profit increasingly find an alliance with each other, their union results in an ever more dehumanized human situation that displaces people from their contextual roots. This can be demonstrated in the healing arts, where psychotherapy is ever more practiced for prestige, power and profit, rather than for the benefit of the client.

In summary, I have argued that globalization has contributed decisively to the destruction of many human communities, leading us further and further away from a good that benefits the many. In addition, the morphing of science into scientism and technical correctness leads to a confrontation and criticism of the customary notion of health care and, by implication, healing and the role of a healer. Modernistic views of science, together with globalization, amount to an intimidating combination of control, power and compulsion. Taken together, they constitute an authority with a grand ability to define and delineate veracity and truth without much consideration for human experience or imagination (Illich, 1976/1984). Ciornai (1999) is more forthright, looking at the larger picture that needs to be addressed than merely the emblemic medical model for psychotherapy. As she states:

However, although this view [of the larger picture] is embedded in our most basic theoretical foundations in our practice it has often been reduced to a very narrow focus. I believe that in Gestalt therapy we should find paths that could lead us to really consider the interrelation between personal and social factors, between cultural and individual aspects in our work. I think that we need to enlarge the concepts of organismic self-regulation and intrinsic evaluation to a field perspective, helping people to become more aware of both their connection and interrelation with broader systems, as well as their power to help transform them.(Ciornai 1999: 186)

Aylward (1999) is candid when he states that, "As we approach the millennium, we continue to grapple with increasingly toxic threats such as environmental pollution, political tyranny, and corporate domination of the human spirit" (p. 108). Our current "community values" reflects the destructiveness of globalization and scientism, profit and power. The extravagant consumption of bottled water, for example, is little more than the industrialized production of garbage that is packaged on a global scale as a "human need," and purely for profit. Education and child-rearing practices are organized primarily to satisfy the appetites of the new inquisition, and require "retooling" as Goodman and others have noted (Stevens, 1994; Goodman, 1970; Goodman, 1962/1972; Postman & Weingartner, 1969/1973; Goodman, 1956/1960; Macedo, 2000). What passes for "health care" looks more like a dry-cleaning service. Superficial restoration limited only by currently available technology – complete with a laundry list of prices for an assortment of offered renovations, including the internet and drive-through facilities. Making current health care available to everyone is probably as

dangerous and undesirable as is the present education of our children (Illich, 1976/1984). We can do better.

Gestalt Therapy: A process model of growth

Gestalt Therapy (Perls et al, 1971/1952) challenges established notions of normalcy and illness and proposes an autonomous criterion of health. The authors suggest that the world and the person are in continuous relatedness and each is subject to influence, change and growth by the other. It is the primacy of field theory, which includes the concepts of holism and organismic self-regulation; phenomenology and dialogue – the three pillars supporting the standpoint of Gestalt therapy – that is the basis for a comprehensive process model of organismic growth (Resnick, 1995).

Growth by way of relatedness becomes the embodiment of personal and collective experience. Growth initially evolves from and then builds on human experience, and returns repeatedly to confer unwavering power and authority on human experience. It is this unvarying return to originality that makes Gestalt therapy a design for our times.

Field Theory, Phenomenology and Dialogue

The organism/environment field is a foundational building block of the Gestalt therapy model. Gestalt therapy introduced the notion of field theory in the context of the organism and its environment. The organism and its environment are situated within a context called a “field.” The constant ongoing process of identifying and satisfying an organismic need is called organismic self-regulation. Organismic self-regulation occurs at the point of contact between the organism and its environment. Essentially, an organismic need organizes the figure, and the relationship between the figure and its ground arranges the field. The contact boundary, the location of experience that occurs between the organism and its environment, is the site of growth, transforming the unknown into the known.

Gestalt therapy has been described as experimental, experiential and existential (Perls, 1992/1994: 4). Gestalt Therapy has adopted a phenomenological approach for describing experience. Its explication of consciousness and current experience was, in part, also a reaction to the prevailing (mid 19th C) interpretive approaches of the “depth psychologies” of Freud, Jung and their followers. Gestalt therapy has adopted a pragmatic approach to using the investigative method of Brentano and Husserl to describing and understanding relevant subjective experientially-based phenomena. Using the principles of *horizontalization*, *bracketing* (epoché), and *description* to define its method, phenomenology attempts to describe experience as accurately as possible, rather than explaining or interpreting what is being experienced. (Spinelli, 1994/2005)

Contact is an experience of difference that both separates and connects. The experience of difference is essential for connection. There is no sense of connectedness without a concomitant sense of difference. This touching of difference is called *awareness* in Gestalt therapy and the engagement of these differences is called *contact*. In other words, *movement* leads to *difference*

which leads to *awareness* which leads to *contact*. Change and growth takes place in the contact (engagement of difference) between the organism and its environment¹.

The development of Gestalt Therapy theory to embrace more fully the implied social anthropology of Martin Buber leads to a greater emphasis on the conditions for relatedness when contact happens – in other words, the engagement of two phenomenologies. This “dialogic encounter” has become the touchstone for healing in Gestalt Therapy. Buber contrasts this “I-Thou” engagement of two phenomenologies with the everydayness of the “I-It” relationship that occurs between a subject and an object. The “I-It” relationship is purely instrumental, with an interest only in the outcome of the interaction. The “I-Thou” relationship is intrinsically valuable – not for any strategic outcome. Buber makes the crucial point that existential priority is in and through the “I-Thou” relationship – i. e. it is only through this form of relatedness that one’s humanity is realized. The “I-Thou” relationship is ontologically primary and foundational for community and human life.

Change and growth

Change has become a ubiquitous term is used to dispense hope to the disenfranchised and has become the prerogative jingle of the privileged. The idea that “leadership” controls change and offers direction is placed in the modern psyche as an unassailable fact. A good number of psychotherapists still buy into the idea of being “change agents” rather than facilitators of self-regulation and growth.

Under the auspices of the medical model, the goal of psychotherapy has essentially remained to provide relief, or change, through *cure by the “expert-practitioner”* (depth and behavior-oriented psychologies), or an understanding of *how to change oneself* with help/direction from a therapist (humanistic psychologies).

Gestalt Therapy long ago pointed to the participatory nature of change, its characteristic to occur spontaneously, and the role of leadership as facilitator of change – not originator (Beisser, 1970:77-80; Buber, 1965; Resnick, 1992/1994:53-58). Effective leaders recognize their need to be facilitators of change; encouraging participatory decision-making. Good leadership is at ease with this process of resourcefulness and creativity that leads to self-regulation liberated from orthodoxy and conformity (Levine Bar-Yoseph, 2008; Bar-Yoseph & Zwikael, 2007; Aberle, 2007).

From the standpoint of Gestalt therapy, movement and change is inevitable and leads to either growth or stagnation of the organism. Organismic preferences and field conditions determine the result of change. Change is a lifelong process according to Gestalt therapy, extending and modifying the views of Freud and Jung. Gestalt Therapy expands Freud’s perspective of development beyond the so-called “genital stage” and elaborates Jung’s view of lifelong individuation of consciousness into a process conception of organismic growth.

“Here-and-now” process: the “contact episode”

Polster and Polster (1973/1974) refer to the process of organism/environment adjustment as a

“contact episode.” A contact episode is marked by situatedness, temporality, irreversibility, and growth (or stagnation).

Gestalt therapy is well-known as the “here-and-now” therapy. The ‘here’ part of Gestalt therapy refers to its situatedness in the world. The organism/environment contact boundary is marked by change and growth that incorporates the unknown into the known. The non-personal environment is personalized and incorporated into support through contact. Contact “grounds” the organism in its history and situation.

The “now’ part of Gestalt therapy refers to temporality. Time is measured by change, change is measured by difference, and difference is measured by contact. Typically, a contact episode has a beginning, middle, and an end. These temporal moments are discernible by 1) the initial experience of a need; 2) the accurate identification of the need; 3) recognizing, modifying and utilizing resources that will meet the need in an assimilable form for the organism; and 4) the organismic valuation of satisfaction of the need and its incorporation as support for further contact.

Irreversibility is another attribute of a contact episode. Change implies irreversibility – for better or worse. The process of Gestalt therapy is not a rehearsal for practicing what needs to be performed “outside” of the consultation. The embodiment of organismic self-regulation in a contact episode is not dummy run without consequences (for both therapist and client). In other words, as Resnick describes it, “what looks like is in the way of the therapy -- **IS** the therapy.”²

Growth is a process of identifying and satisfying an organismic need. Initially, the field is composed of pre-personal and impersonal features of the environment. The newborn infant, for example, is not attuned to the impact of its digestive system on itself and the world. What was initially “not-me” (e. g. “my” awareness of “my” digestive system and “my” ability to identify hunger, as well as “my” need for excretion, the effects of gravity on “my” kinesthetic awareness and ability to walk, the experience of “my” capacity to manipulate objects with “my” limbs, etc) becomes personalized as “me” as a result of assimilation of experiences. The impersonal characteristics of the environment (simply, those characteristics and qualities of the environment that exist initially outside of awareness and “outside of the skin”) include everything commonly attributed to the “outside” (including, for example, but not limited to, culture, architecture, food, objects used to manipulate the environment, etc.). Perhaps most importantly, the impersonal environment refers initially to the primary caregivers and their support system, their community and their world-at-large. These “internal” pre-personal processes and “external” impersonal processes are assimilated and personalized through contact and experience.

Growth is marked by increasing capacities of the contact boundary to differentiate and assimilate what is non-personal into what is personal. Each contact episode that leads to growth becomes incorporated (assimilated and accommodated) into the background for the next emerging figure of the need and imbues that new figure with renewed meaning and significance. (Wheeler, 1991)

The activity of psychotherapy is an invitation to sacred ground, to sanctify the secular (Schoen,nd; Buber, 1970). When people seek together, that place of destiny is, paradoxically, here and now, inviting liminality more commonly than is usually assumed (Pernicka, 2008). We are all akin to pilgrims in search of a dwelling-place before our next journey to our next transition between birth and death. Each person incarnates and lives a pilgrim's journey which is made possible only with the support and sustenance of a community that extends reverend hospitality rather than the heroic individualism and utilitarianism of our industrialized twentieth century.

Psychotherapy invokes this place of habitation or, in some instances, rehabilitation as a situation for a "safe emergency." Rehabilitation provides a dwelling and a sense of belonging and of purpose in the world. Healing and rehabilitation are two sides of the same coin. There cannot be healing without rehabilitation and there cannot be rehabilitation without healing. Rehabilitation appeals to and summons up a place of belonging, a place to inhabit. However, this is not literally a geographical place, but a metaphorical location for the dwelling of one's existence in its transformative journey throughout individuation and growth. Jager (1984a) describes this experience when he writes the following:

To approach inhabitation in this manner means to no longer be able to make such a radical distinction between flesh and matter, between bodies and mere things. Bodily existence floods over into things, appropriates them, infuses them with the breath of life, draws them into the spheres of its projects and concerns. A fully inhabited world is at the same time also a fully embodied world...To enter and finally come to inhabit a house or city means to come to assume a certain stance, to surrender to a certain style of acting upon and of experiencing the surrounding world...To truly enter and come to inhabit a place means to redraw the limits of our bodily existence to include it, to come to incorporate it and to live it henceforth as a ground of revelation rather than as panorama. (Jager, 1984a:55-56.)

This experience of embodiment, "namely that it belongs to the visible, that it can be seen, while at the same time it also remains the source of vision" (Jager, 1984a:54): the point here is that embodiment and dwelling do not so much only occupy time and space as they are themselves generative of both. The transformation of the body to embodiment, of location to dwelling, from a state of boundlessness and limitlessness to boundedness and individuation marks off a discontinuous shift from relentless necessity to possibility, choicefulness and ambiguity, which can be experienced as loss and separation as well as a healing through meeting and communality.

Levinas (in Halling, 1975/1979:220) observes that it is the call of the Other that allows me to be generous and to show kindness and hospitality in presenting my world to him. Call and response is the foundation of community. A Talmudic lesson avers that the receiving of service is a greater "mitzvah" (commandment) than the giving. The generous man can only respond to the call of the Other. It behooves us to remember therefore, that by calling out to the therapist, it is always the client who personifies the greater good in a therapeutic relationship.

Psychological growth cannot occur independently of context, a community of others that supports contact and an appreciation of differences. “It is only as *situated* life, as life overarched by a sky, supported by a welcoming earth and sheltered by an environment that a future, a past, a present, can come to announce itself” (Jager, 1984a: 51. Italics in original). O’Neill (2009) points out how important is the concept of community for understanding Gestalt therapy and the deficiency of literature underpinning the concept of community in Gestalt therapy theory. He differentiates between communities and organizations. Communities provide a ground for individuation while organizations are predicated primarily by their instrumental purposes of survival by “positioning, cunning and deceit.” Human communities embrace a basic trust for people to change and grow.

Literally nothing can replace the loss of an original welcome... Traditionally, we speak of this area within psychology in terms of basic trust. It is important to understand this idea dynamically and not to approach it neither as a static contract stipulating unvarying conditions, nor as an open promise that makes no claims upon the one to whom it is given. All welcome includes conditions, but true hospitality neither overwhelms with demands nor leaves a choice of lawlessness. A basic trust, an original welcome does not aim at a static accord, but precisely makes possible transitions...We generally have the impression that basic trust originates in the loving, sustaining, nourishing embrace of the mother. Yet trust inevitably refers to transitions, to perilous moments, to times of vulnerability and attack. (Jager, 1984b:157-158.)

Community is the basic foundation for human existence. Communities fashion people (Rieff, 1966; Buber, 1965; Levine Bar-Yoseph, 2005). Goodman and Goodman (1960:19) discuss the advantages of a functional communal world that supports the growth of individuals:

Is the function good? Bona fide? Is it worthwhile? Is it worthy of a man to do that? What are the consequences? Is it compatible with other with other, basic, human functions? Is it a forthright or at least ingenious part of life? Does it make sense? Is it a beautiful function of a beautiful power? We have grown unused to asking such ethical questions of our machines, our streets, our cars, our towns. But nothing less will give us an esthetics for community planning, the proportioning of means and ends. For a community is not a construction, a bold Utopian model; its chief part is always people, busy or idle, en masse or a few at a time.

Gestalt Therapy’s holistic approach avers that the whole is more/greater than the sum of its parts. Organismic growth or, in Jung’s terms, individuation of consciousness, is a process of ingathering and appropriation of the possibilities of the world. This ongoing lifetime process of individuation “does not shut one out from the world but gathers the world to oneself.” This individuation of consciousness (in Jung’s terms),

...participates freely in the wider world of objective interests. This widened consciousness ... is a function of relationship to the world of objects, bringing the individual into absolute, binding, and indissoluble communion with the world at large. (Brooke, 1991/1993:106)

Ongoing assimilation and accommodation (“ingathering and appropriation”) by the organism of the

non-personal aspects of the environment is called *growth*. Latner (1974) refers to this process of growth as “befriending the field”:

This is, in a way, a process of continually befriending aspects of the field. As we are involved in the coming figure and its resolution, we put parts of ourselves in an interaction with other parts of the field – other people, plants, animals, objects. In this interaction, they are inside our self-boundaries. We are identified with them. Our relationship with them is no longer (in Buber's terms) one of I and It; it becomes one of I and Thou. In this way, we assimilate the field, changing it by changing our relation to it. (p. 78)

This tendency for growth to embrace an emergent quality of relationship and contact precludes a reductionist perspective of the elements of healing. Gestalt Therapy is ready to articulate this change in outlook, from heroic utilitarianism to an attitude of reverent hospitality, which involves a withdrawal of projections and a shift from telling to listening (Halling, 1979/1975). As Brooke (1991/1993) puts it:

In this case the transformational awakening of interiority involves the shift from habitually speaking at the world in terms of one's anthropocentric (egoic) needs and anxieties to listening to the things and people that speak (whisper, cry, shout) the calls and meanings of one's life. ... the shift from speaking to listening realizes one's capacity for faith, which, as Holt put it, “is the activity which lets the world be, which allows Presence to sound.” (p. 117)

Perls makes a similar (although less poetically-inspired) remark when he writes that: “The ‘I'm telling you what you need’ would be replaced by ‘I'm listening for what you want,’ and the basis for rational discussion would be opened ... This applies as much to our inner conflicts as it applies to the world situation in general” (Perls, et al, 1971/1952:11).

Gestalt therapy elaborates Jung's concept of growth from an individuation of consciousness into a view of organismic growth as a lifelong task. This view can inspire, stimulate and encourage a different vision of human nature, away from heroic utilitarianism and toward a more humane image of and for the future – a perspective grounded in genuine hospitality. Organismic growth and self-regulation is a task accomplished in a community over a lifetime, and not a given: “Envisioning a world where freedom to act is bestowed or guaranteed rather than *achieved* is, regrettably, wishful thinking, utopian and non-contactful” (Polster & Polster, 1973/1974:103, italics in original). In other words, *growth includes the ability of the organism to co-create (together with its environment) a place where organismic needs and the resources for life converge to provide a place of human habitation.* In other words, Gestalt therapy is uniquely predisposed and ready to cultivate our humanity and humanize our culture in our brave new world.

Aesthetics of healing

With acculturation and habituated ritualization new margins are instituted, limits that progressively separates the person from one's “natural” home and situates one within a cultural and aesthetic mode of being-in-this-world. Where Freud saw darkness and despair in his notion of the

unconscious, brought about by a black political outlook, Jung saw light and hope engendered by spirituality (Rieff 1966). Since then, the eclipse of both politics and spirituality from the domain of mainstream psychotherapy has toughened over the years.

Globalization and scientism are two of the latest attacks on psychology, pushing psychology's long-established parameters into a post-modern vortex of nihilistic meaninglessness, first hijacking and then supporting the commandeered institutions of higher learning that assemble the psychological prospectus. The narrow reductionist lenses of health and healing articulate influential arbitrary limits for the teaching and practice of psychotherapy. These dominant conditions and contexts are based on scientific and technical interests that have little to do with personal functioning and well-being. "These radical changes in the core frames of reference of the psychological world are, in turn, pushing upstream changes in graduate school curriculum - tailoring it much more closely to the needs of managed care and the medical industry" (O'Hara, 1998:156). This wide-ranging and insidious loss of the time-honored idea of psychotherapy as the study and healing of the soul should not go unchallenged (Zinker, 1994:5). Healing has been reduced to profitability and cure-by-numbers, and rehabilitation reduced to technological intervention.

F. S. Perls challenged the medical model notion of sickness when he wrote in his 1969 introduction: "I now consider that neurosis is not a sickness but one of several symptoms of growth stagnation" (Perls et al, 1971/1952:). This process of constantly changing and growing awareness amounts to a sense of wholeness that constitutes an aesthetic existence grounded in a subjective, intuitive and metaphorical tradition. "Aesthetic consciousness is personal presence in the making of civilization. It is who humans are when they are here and now, personally and creatively in touch with their world" (Moncrieff, 1978:376). From a Gestalt perspective, organismic growth is an aesthetic expression of values that cares for both the organismic needs and its environment. As Zinker (1994) observes, "there is an aesthetic side to all human interaction and every therapeutic style. ... Thus there is an 'aesthetics of psychotherapy' as well as an 'aesthetics of human interaction,' since aesthetics is dedicated to the study of the expression of values" (pp.5-6). This is at the same time both a political and a spiritual position.

The historical construction of desire and its satisfaction implies that the development of a fully functioning human being is a psychological and cultural task, rather than a natural or super-natural condition. This process of embodiment is an ongoing cultural effort, made flesh in the "interhuman" encounter and dialogue which is the hallmark of healing.

I cannot separate spirituality and politics from an expression of values. In the final analysis (for me) ethical values are grounded in human faith; that attitude of hope that is incarnated and embodied in a sense of "future" and an awareness of time (human temporality, mortality and death) which is a cornerstone of spirituality. How does an aesthetics of psychotherapy embrace the idea of healing?

Health [healing] is not a thing. It requires ongoing cultivation in the present moments of our lives. If we are to be healthy then our health will be maintained by living in accord with the natural laws of our

interacting physical, chemical, biological, psychological, social, ecological and spiritual systems. (Swanson, 1995, quoted in Aylward, pp 115 – 116)

In our more cozy moments of our snug worlds, Schiff (1966/2002) reminds us that people's ethics, actions and measures to survive in experientially brutal and inhumane conditions must be contextualized in place and time. This is, of course, not a novel idea: Lord Shang (c. 300 -220 BCE), "When the guiding principles of the people become unsuited to their circumstances their standard of value must change. As conditions in the world change, different principles are practiced." (In Armstrong, 2006:397-398).

A post-modern psychotherapy of healing must address the implications of both spiritual and political contingencies in the field, particularly in the "mental health" environment, that have evolved in the last century. I have argued that Gestalt therapy has had a consistent and progressive jump-start on alternative approaches to the healing arts since its recognized inception in the 1950's, and offers more than the constricted and limited choices that are available from the thin and partial epistemologies of modernism. Gestalt therapy is more than just an attempt at remediation and cure: it pursues the goals of *healing* and *rehabilitation* through *growth*.

The promise of Gestalt therapy

I have argued that individuation is inseparable from its context; the environment and community, which includes social action and spiritual realization. This is, again, not a new proposition, but regrettably the implications, including the political and spiritual implications, of this suggestion are too often taken for granted and ignored – or worse.

Latner (2008) distinguishes between scientific perspectives and the Gestalt point of view: "There is no point pursuing the idea of the field in Gestalt therapy if it is going to rest on science. Frightening though it may be, experience and imagination are our bedrock" (p. 26). The failures of modern epistemologies include two "world wars"; constant regional conflicts across the globe for at least a hundred years; a widening gap between the rich and the poor; starvation; educational, health care and other failures of resource management; the decimation of human communities – the list is seemingly endless. The tyranny of scientism and what passes for globalization amounts to little more than coercive attempts by the status quo to try to maintain an illusion of stability in an ever- changing field. Describing it as "the clinch of oppression," Lichtenberg (2002) illustrates how reciprocated identifications with the desire of the other (confluence) in a changing world – ultimately a shared and mutual wish for stability and predictability that he calls "fusion" – leads to swift immobilization. This is marked by a "hurry-up-and-wait" busyness:

Oppressed and oppressors alike can be said to lead too hurried an existence, while they are actually engaged in maintaining the status quo. This is another paradox: hurrying, scurrying rushing ... to maintain what is. (p110)

The struggle, I believe, is less between classes, less between men and women, less between a white

majority and racial and ethnic minorities, than between those working back toward their natural spontaneity and human concern and those holding on to the delusion of fusion. (p197).

Our post-modern society demands a change of perspective from that of the white-coated doctor immersed in the medical model, which has failed so dismally to address the health needs of people and the politics and spirituality of healing. Organismic growth and its human counterpart, individuation, is inseparable from political and spiritual inferences concerning personal identity. *Gestalt Therapy* (Perls et al. 1972/1951) has made the point of emphasizing that personal identity is inseparable from politics and spirituality. Goodman (1977/1991) has championed a distinctive perspective in pointing out that many human issues that recur may be deeply personal, but they are not private, being driven by forces “located in the institutions of society, the economic and political institutions, the moral, religious, educational and domestic institutions” (p. 88). His central observation and assertion is that the organismic need or “instinct” is *never* the problem, a perspective gained from Reich. How these needs become obscured, repressed, shamed, guilt-ridden or fraught with anxiety through the impact of repressive and muddled social institutions, which leads to inadequate organization and administration of communal and public resources, is the issue. Hence – personal but not private.

Laura Perls (in Bloom, 2009) is quoted as saying that: “My politics is my therapy.” Bloom takes this to mean that: “She trusted that as a *consequence* of her work with contacting-making and the awareness-continuum, her patient would freely make his or her own political choices, contactfully, and independently of the therapy.” But, one may ask, how could this possibly be? If her work with the client is to be effective (i.e. facilitates awareness and change), then this experience of therapy becomes part of the assimilated background that informs the client of choices and values. To claim that the choices one makes after effective therapy are independent of therapy appears to fly in the face of the Gestalt therapy notion of therapy and of field theory. My understanding of her comment is that – like everything else – Gestalt therapy itself is also of the field. It is an emergent manifestation that is itself a creative-adjustment from the conditions of the field. Her therapy is the incarnation of a particular socio-economic/spiritual-political stance that the field offers and makes available at a particular moment in time. By practicing “Gestalt therapy,” she explicitly acknowledges that this is a political stance and endeavor, with its own sets of values and ethics.

The gestalt process is not simply a therapeutic artifact but a way of life (Polster and Polster, 1974; Perls et al, 1974). O’Neill (2009) describes the sanctuary of therapy as “...part of a wider process of practice, life and identity as a gestalt therapist.” Borrowing Yontef’s exemplar (in Parlett, 1991) that Gestalt therapy permeates ordinary life as a way of “being –in-the world”, Parlett expands on this theme at length:

In this sense, I wish to argue, Gestalt therapy is not something we simply use, like some suit of clothes we temporarily put on and then leave off. It is not just a bunch of techniques, nor is it some kind of therapeutic equipment that we wheel on for a particular clinical purpose and then substitute with another kind of equipment shortly after for another purpose. If we choose to work with the Gestalt discipline, we find the ways of thinking and perceiving that characterize the approach filtering

through into our lives and relationships. If we are to act congruently and authentically as therapists, we have to acknowledge that the way we are and the way we live cannot be entirely separated from our work as professional gestalt therapists. Everything in our own phenomenal field becomes part of the matrix from which we co-create fields with others. (Parlett 1991:79)

One's view of healing and one's vision of people are bound together. Resnick (2009/1996) elaborates this perspective when he declares that the post-modern thrust is most significant in its recognition of the meta-level of theoretical organization of experiences; that the re-cognition that the experiential lenses of language, history and character that impact lived life are, themselves, fodder for human growth. What will experience be composed of and intended for when these lenses become more commonplace? This is not a purely rhetorical inquiry. Gestalt therapy is itself not immune from the vagaries of post-modern evolution and occupies its own place in the socio-political-spiritual spectrum of our age. In other words, Gestalt therapy is itself an experiment.

For example, the Id, Ego, and Personality configurations of the “self-in-process” as described by Perls et al (1972/1951) include the recognition that these structures are conditional and always provisional. These embodiments of desire are described in Gestalt therapy as creative-adjustments of the field. The conditional variations of human circumstances of existence are not exhausted by Perls et al (1974) inventory of Id, Ego, and Personality embodiments. As figures of the contacting process, passivity, activity and autonomy are contingent realizations of the self in the actual (existential) situation. The Id, Ego, and Personality are all phenomenologically distinguishable modes of being-in-this-world, an embodied presence of contemporary human actuality. They represent transitional points of self-realization, not as essential qualities of being human, but as existential circumstances in an eventful situation which favors the realization of particular potentials, or possibilities (Perls et al, 1974:45-46). In this sense, the process orientation of gestalt meta-theory that describes the transformations of desire in terms of the gestalt formation-and-destruction cycle of fore-contact, contact, final contact and post-contact is probably more useful than the categorical and reified Id, Ego, and Personality collection of complexes. We do not have to be limited to the reified (and psychoanalytically deified) reformulated Gestalt therapy thinking of Id, Ego and Personality (aka Super-Ego). These creative-adjustments are essentially a corollary of the conditions inherent in the field of the modern conditions of lived life. They are not essential aspects of human being. This relativity of creative-adjustments is a radical departure from modernist psychological thinking into a post-modern humanity.

“Given Gestalt therapy’s social and political viewpoints, we as practitioners have the theoretical ground to combat the dehumanizing, data-based managed care that masquerades as psychotherapy,” states Aylward (1999:116). Perhaps even more than any other vocation, the mental health worker has a duty to maintain the humanity of all people in the face of such assaults on our cultures and communities. In addressing the issues that Gestalt therapy attempts to address, Aylward points out that “Such a call satisfies Paul Goodman’s mandate that to be an authentic professional requires one to be a revolutionary” (Aylward 1999:117).

The Gestalt therapy agenda, as originally conceived and practiced, was to offer a new paradigm for

human emancipatory praxis. Now, in the midst of rising turmoil within the culture at large and within the psychotherapy community in particular, Gestalt therapy is facing a major choice point. It can ... seize the day, to turn toward, rather than away from the chaos and uncertainty of the times, put itself at the service of a culture in transition, and reclaim its transformative agenda. (O'Hara 1998:166-167)

If, in the course of growth, we are to be seriously committed to “befriending the field,” then we need to also be seriously committed to protecting and invigorating the field. As Doubrava points out, “...a healing therapeutic relationship is not all it takes to heal lives. It takes a healthy society where healing through meeting is intended and wanted” (nd). In addressing the (psycho)pathology of social adjustment that permeates our current treatment and relational options, Goodman (1977/1991) asks rhetorically, “Who can deny that the only practical mass method is to strike at the institutions and inhibiting mores and to give our sick generation, if not an era of peace, at least a war of liberation?” (p. 45).

Conclusion

A healer for our times is required to care for the environment and the community, by addressing political and socio-economic issues as much as questions involving neurons of the brain. Although political work is more than therapy, therapy is certainly political. Attending to both the pre-personal and impersonal aspects of the cultural world that we inhabit are equally important for the successful execution of a healing process.

There is still a place for a healer in our society. But the customary lines separating healer from spiritual guide and social activist cannot be sustained in the face of the onslaught from economic and cultural globalization and the scientific reductionism that permeates community life. The contemporary healer has to attend to these political and spiritual tasks if there is to be integrity to his or her actions. For the last 60 years Gestalt Therapy has had within its theory and methodology the means to undertake these challenge

¹ I am grateful to Robert Resnick for this brief discussion from contact to dialogue, presented as a lecture at the Gestalt Associates Training Los Angeles European Summer Residential Program (GATLA, SR) held in Vilnius, Lithuania in July 2008.

² Robert Resnick, personal communication, GATLA Summer Residential, Gelnhausen, Germany, 1986.

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