



Fourth Edition

Skills *in* GESTALT

Counselling & Psychotherapy

Phil Joyce &
Charlotte Sills



Series Editor
Francesca Inskipp



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Skills in Counselling & Psychotherapy is a series of practical guides for trainees and practitioners. Each book takes one of the main approaches to therapeutic work or key client groups, and describes the relevant core skills and techniques.

Topics covered include:

- ◆ How to establish and develop the therapeutic relationship
- ◆ How to help the client change
- ◆ How to assess the suitability of an approach or technique for the client.

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SAGE Publications Asia-Pacific Pte Ltd
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Editorial assistant: Talulah Hall
Production editor: Rachel Burrows
Copyeditor: H A Fairlie
Proofreader: Elaine Leek
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ABOUT THE AUTHORS

Phil Joyce works in West London as a trainer, supervisor, psychotherapist and consultant and has also worked in a variety of mental health settings since 1979. He has worked as an approved psychiatric social worker in London and has considerable experience of multidisciplinary teams and working with disturbed people. He is a primary tutor on the MSc course in Gestalt Psychotherapy at Metanoia Institute, London and a visiting tutor on the Integrative Psychotherapy programme also at Metanoia Institute. He has given many presentations at international conferences over the last 15 years and is an active member of the Gestalt community. Phil's particular interest continues to be in mental health. He currently specializes in trauma treatment and is an accredited EMDR Supervisor and Consultant. His other abiding interest is in the transpersonal dimensions of human experience and he finds that Gestalt brings a new and enlivening perspective to both these areas of interest.

Charlotte Sills is a UKCP registered psychotherapist in private practice and a supervisor, trainer and consultant in a variety of settings. She has been working in the field of psychological therapies since 1979 and is a BACP senior accredited supervisor, a Teaching and Supervising Transactional Analyst and a Visiting Professor at Middlesex University. Until 2007 she was also part of the Leadership Team at Metanoia Institute where she remains a member of the faculty. Another of her interests is in the interface between therapy and coaching and she is a member of faculty of the Masters in Executive Coaching and Professor of Coaching at Ashridge Business School, UK.

Charlotte believes that all human systems – from friendships to organizations – are about people in relationship, and she sees Gestalt as an ideal approach for facilitating effective, vibrant and satisfying relating.

Charlotte has published widely in the field of counselling and psychotherapy, including *An Introduction to Gestalt* with Phil Lapworth and Billy Desmond (Sage, 2012) and *Coaching Relationships* (edited with Erik de Haan, Libri Press, 2012).

P R E F A C E

SKILLS IN GESTALT COUNSELLING AND PSYCHOTHERAPY — A HOLISTIC PERSPECTIVE

This is a book about practice. In 1999, as we prepared the first edition of this book, we noted that despite the numbers of fine books there were about the philosophy and theory of Gestalt, there was little about actual clinical practice. We find that this is still the case as we prepare the fourth edition. Supervisees and practitioners say that they are unsure about how to bring a Gestalt perspective to some of the essential aspects of good general therapeutic practice, such as how to assess risk for self-damaging or fragile clients, how to address the implications of cultural difference, how to problem-solve ethical dilemmas or how to structure a good ending to therapy. We aim to address many of these essential elements as well as exploring therapeutic skills particular to Gestalt therapy, such as how to complete unfinished business, work with body process, ‘undo’ a retroflexion or form a process diagnosis.

We realize, of course, the danger in an approach that is skills-based. In the public and professional domain it is a frequent stereotype that Gestalt therapy is merely a collection of techniques, or even just two (cushion destruction and talking to an empty chair). We are keen therefore to emphasize our belief that Gestalt counselling and psychotherapy are properly based on a holistic philosophy of life and practice in which, secondarily, there exist certain techniques and skills.

In this fourth edition we have revised and restructured all the chapters in the light of recent experiences and developments in the field.

We still find relevant the emerging areas that we identified in the third edition:

- ◆ An increasing acknowledgement of the value of awareness (the central pillar of Gestalt) now supported by neuroscientific research, and incorporated as mindfulness techniques in many contemporary psychotherapy approaches.
- ◆ A vast quantity of research findings from the neurosciences and developmental psychology that frequently presents physiological evidence for what Gestalt psychotherapists have believed and seen clinically for decades. Chief amongst these findings is the importance of early relationship in the development of the brain and of the sense of self, as well as the ongoing importance of relationship and mutual recognition in healthy living. This has led to an increasing orientation in psychotherapy towards the importance of the intersubjective and the co-created nature of meaning within the therapeutic relationship – a focus that has been central to Gestalt for many decades. Another significant finding is the ongoing plasticity of

the brain (or the ability to learn) *throughout* adult life, which confirms the value of experimenting (another of Gestalt's major pillars) to enable new behaviour and fundamental change at any age.

- ◆ A new interest in the study of healthy living and process, the value of resilience, gratitude and optimism in what has become known as positive psychology. This leads to our inclusion of resourcing to support difficult transitions and lasting change (see Chapters 7 and 18).
- ◆ An increasing insistence on the need to demonstrate research evidence for therapeutic effectiveness, arising from the demands of cost-conscious agencies and the introduction in the UK of cutbacks in the NHS, NICE guidelines and IAPT.
- ◆ A continued increase in the reported incidence of depression and anxiety disorders, especially among young people, and the effects of childhood trauma and mental illness generally.

In addition to the revisions, we have added new material which addresses some of the political, cultural and technological realities of the post-modern world.

HOLDING A BALANCE

Our continuing focus is our engagement with an important dialectic both in Gestalt and in the wider therapeutic world. The last 25 years have seen a revolution in the entire field of psychotherapy as well as sociology and politics, art and philosophy. It is often known as the 'relational turn' and marks a movement from seeing the human being as an individual with organismic needs and impulses (a drive theory) to the human being as inseparable from and co-created by his context. This has led to practitioners, ourselves included, exploring and developing relational principles of practice that are compatible with this philosophy. These include seeing experience of self and of other as being co-created, being of and from 'the field'.

However, in an exploration of therapeutic skills and methods aimed at working effectively with clients, it is important also to take a pragmatic view. Frequently, a client's problems – albeit triggered and experienced in the present relationship – are a result of a disturbance of his inner world, and, in our view, it would be tantamount to negligence for the therapist to insist on considering them from a co-created point of view. They no doubt originated in his relationship with his environment, but as he presents for therapy, they 'belong' to him. This is especially true of trauma, the reasons for which are explained in detail in Chapters 20 and 21. What is more, an exclusive focus on relationality risks losing the dynamic, creative, experimental side of Gestalt, which is part of its strength. It also risks discounting our self-agency and responsibility as well as perhaps denying our essential biological nature as extremely sophisticated animals.

In this fourth edition, we hope to continue to provide a methodological bridge between the two positions, weaving back and forth between them throughout the book, and particularly in Part Two, where the self organization of the client in trauma and issues relating to mental health often take priority.

A WORD ABOUT WORDS

First, we have alternated the use of ‘he’, ‘she’ and the rather awkward ‘they’ throughout the book, and in the examples we have normally chosen to make the counsellor and client different genders. This is solely for the purpose of clarity. We also alternate between the terms counselling/psychotherapy and counsellor/psychotherapist/therapist as we believe that the skills we describe apply across the board in therapeutic practice, as they do indeed to coaching and other forms of helping relationship, where often it is only the nature of the contract and the frequency and duration of the sessions that differentiate the activities.

The second point is related to our earlier remarks about the danger of misrepresenting Gestalt psychotherapy through the overly concrete description of techniques. Most Gestalt concepts focus on the way that the organism – the human being – ‘makes contact with’ him/herself and other/environment. ‘Makes contact with’ is in inverted commas here in order to alert ourselves and the reader to the impossibility of using language to describe experiences without creating a dualistic split between the experience and the experiencer. What we mean is that the person *lives, embodies, ‘is’ and owns* his experience. Gestaltists are interested in the quality of this experiencing – is it full, aware and strong or is it unconscious, split-off, half-hearted? Our attempt to describe the skills and methods will inevitably lead to a false solidity of that essential, ephemeral, transient, evolving process. We apologize in advance.

In attempting to offer you these skills and techniques, we have drawn upon years of training and guidance by many fine Gestalt practitioners, most of whom are referenced in the following chapters. In the course of our development (and true to the Gestalt tradition of assimilation following good contact) we have inevitably absorbed and incorporated many ideas and techniques from our colleagues. It is, therefore, quite likely that we have sometimes suggested a skill, phrase or idea that may have originated from another Gestaltist or trainer. We apologize in advance for the inevitable omission of crediting some of these influential practitioners and wish to give our sincere thanks and appreciation for all sources of Gestalt inspiration.

Our appreciation and thanks go to all the team at Sage, Francesca Inskipp the series editor, and, of course, all our trainees, supervisees and clients who have taught us so much by their challenges and their generous sharing of themselves and their struggles.

PART ONE

GESTALT THERAPY IN PRACTICE

1

THE IMPORTANT FIRST STEPS

We believe that good Gestalt practice can be described by the following six characteristics:

- ▶ a focus on here-and-now emerging experiences (through awareness, phenomenology and the paradoxical principle of change);
- ▶ a commitment to a co-created, relational perspective;
- ▶ the therapist's offer of an embodied dialogical relationship;
- ▶ a field theoretical perspective;
- ▶ an intense curiosity and a desire to explore;
- ▶ a creative, experimental attitude to life and to the therapeutic process.

Throughout the book, we will be exploring these six aspects of practice. We assume that the reader has some prior understanding of theory and will therefore include the minimum to make sense of what follows. (For comprehensive overviews of Gestalt theory, see the Recommended Reading at the end of this chapter.)

We decided to start at the beginning by addressing the issues that precede any counselling or psychotherapy commitment – the first steps that are necessary for Gestalt practice to take place. This first chapter is primarily intended for the practitioner in training and covers the following areas:

- ◆ preparing your room and yourself;
- ◆ seeing a client for the first time;
- ◆ using an intake sheet;
- ◆ explaining how Gestalt therapy works;
- ◆ making a contract;
- ◆ creating a safe container;
- ◆ deciding not to work with a client;
- ◆ keeping records of the session.

PREPARING YOUR ROOM AND YOURSELF

How you set up and arrange the room in which you work will make an important statement to the client. Equally, the style of your clothing and the level of its formality will influence the client's impression of you and of counselling. These details will be a major communication about yourself as a person and a therapist and also give an impression of how you intend to relate to the client. An ongoing theme of this book is that the therapeutic experience is co-constructed – this means that how you are with the client will affect how the client is with you and vice versa.

Suggestion: Imagine you are a client arriving to see you, the therapist, at your place of work. Visualize all the sights and sounds you would experience as you approach the door. Walk into your consulting room as if you were the client, notice what you see and the impression you receive of the room. Imagine meeting yourself as a therapist. How do you appear? What is your impact? What are your reactions as the client?

However, an equally important factor is the degree to which you are in the present moment and to which you are truly open and available to listen to the new client. Many counsellors will have the experience of arriving for a session filled with pre-occupations and worries that get in the way of being fully present for the client. While some of these reactions may clearly be relevant to the therapy, some will need to be 'bracketed' – put on one side – as probably irrelevant. It may well help, therefore, to discipline yourself to carry out a grounding exercise such as that below, before the client arrives.

Suggestion: Feel your weight on the seat, sense your feet on the ground. Become aware of your breathing, notice whether it is quick or slow, shallow or deep. Allow yourself to feel the tensions in your body and check whether your attention is freely flowing or whether you seem stuck in worrying about the past or anticipating the future. Notice whether you are mostly feeling, sensing or thinking.

Acknowledge which of your concerns or worries are not relevant to the coming session and find a way of letting them go for now. Try to name what is going on inside you and then let it go. Focus on the sights and sounds of your environment, your embodied sense of yourself, living and breathing right now. Focus on the rhythmic in and out of your chest and belly. Come fully into the present moment, this unique moment of time.

Now, if you have seen the client before:

- ◆ Check your notes from the previous session and remind yourself of any ongoing issues.
- ◆ Recall anything important you need to keep in mind, for instance a forthcoming holiday, a particular characteristic of their personality that needs to be considered, or the type of relationship you are in together.
- ◆ Remember any focus or intentions you may have for this session.
- ◆ Then clear your mind of all these considerations and once more come into the present moment to be available to meet your client.

SEEING A CLIENT FOR THE FIRST TIME

As a counsellor, you have a number of important tasks to perform when you first meet a client, the foremost of which is to establish connection and rapport with him. We will be exploring this core task in Chapter 4 (The Therapeutic Relationship). At this point, therefore, we will simply summarize the other tasks of a first session.

Consider what expectations the client might have of the coming session. You may have had a previous telephone conversation in which the appointment was made, and already you will both have formed some impression of each other.

We find it useful to stress to clients that the first session is a *mutual* assessment session in order for both parties to begin to decide whether therapy can be useful and whether you are the right therapist for what is needed. Ask the client for permission to take brief notes of biographical details, important historical events, and their current situation, etc. There is a contrary view that says that taking a history is antithetical to working as a Gestalt practitioner and that true Gestalt is simply an exploration of 'what the client brings' or 'what emerges'. This debate is discussed in more detail later on in the book. However, we believe that it is important for a practitioner to know how to assess a presenting problem and to consider whether the therapy they offer is going to be useful or whether some other specialist approach might be better. We believe that it is also necessary to ask certain questions to decide on the potential level of risk involved, especially as uncovering some issues in therapy or using powerful interventions can often unsettle the stability of a client and lead to possible harm (see Chapter 17). Taking a history is an essential part of making this assessment for determining the appropriateness and safety of the therapy.

USING AN INTAKE SHEET

On the next page is an example of intake sheets. Sheets 1 and 2 contain most of the important questions we think you will need to ask before accepting the client for ongoing therapy. They will help to guide you in your history-taking by indicating the areas in which it is important to get information. This includes the personal details, an overview of their important life events, their psychiatric history, and so on.

Remember, it is important for clients' protection to keep their name, address and telephone number separate from the main body of notes.

You will need to decide how much to structure the first session, making sure to leave time for the client to tell her story and make a connection with you, as well as time for you both to decide whether it will be useful to have further sessions. You will also need to explain conditions of confidentiality, your cancellation policy, etc.

For many clients, suggesting some sort of structure to the session is likely to create a sense of safety and containment while the client orientates herself to you and to the situation. Depending on your sense of the client, you might say something like:

'I would like to spend the first part of the session taking some biographical details, then I would like to hear why you have come. Perhaps we could also stop ten minutes before the end to summarize and decide a plan. Is that ok?'

During the session, as well as gaining a general impression of the client, you will also be trying to assess whether Gestalt therapy will be suitable for this person. You can offer some trial interventions to see how the client will respond to this particular approach, for example:

- ◆ I'm noticing that your breathing is very fast/uneven/shallow. How are you feeling?
- ◆ How is it being here with me as you tell me this difficult story?
- ◆ Do you think you played any part in that situation?
- ◆ I'm feeling sad/moved as I listen to you talk about your history.

We are looking to see whether our approach will be interesting or suitable for this client. Our trial interventions enable us to gain a sense of whether the client responds to invitations to increase her awareness, accepts some responsibility for her life, reacts well to our self-disclosures or has a sense of the forming relationship. An apparently oppositional response (for example, 'What does it matter how I *feel* about the death of my mother? I want to forget about it and be happy') is often the first appearance of an impasse and leads usefully into a discussion of how you both see therapy being of help to the client.

This assessment period often takes more than one session and we suggest (especially for complex or challenging clients) that you give yourself the option of three or four sessions if need be, before agreeing a contract for ongoing work or deciding to refer on. You might say:

'Thank you for telling me all this information. However, I do need to find out more/be clearer on some aspects/discuss some implications of therapy/etc., before we can decide how therapy can best help you, so I suggest we arrange a second meeting.'

CLIENT INTAKE SHEET 1

Name:

Age:

Address:

Tel: (H)/(mob.)

(W)

E-mail:

G.P.

Address/Tel:

Date first seen:

Referred by:

[This sheet must be stored separately from case notes]

CLIENT INTAKE SHEET 2

First name or code:

Date started therapy:

Occupation:

Race/Culture/Religion, etc.:

Relationship status:

Children:

Parents:

Siblings:

Medical/Psychiatric history:

Drink/Drugs/Suicide attempts/Self-harm history:

Current level of functioning and stress:

Risk factors and suitability for Gestalt psychotherapy:

Previous therapy/counselling:

Presenting issues/problems:

Expectations and desired outcomes of therapy:

Agreed Contract. Frequency and duration:

Fee:

Agreement to:

1) The limits of confidentiality in relation to a) supervision b) risk to client or other. 2) Cancellation and missed appointments policy. 3) Permission for recording and written material to be used for supervision and professional purposes.

EXPLAINING HOW GESTALT THERAPY WORKS

Many clients come for therapy with unrealistic expectations and requests. Many will expect you to cure them, or at least tell them what to do; some will want you to be the expert and will place themselves in your hands, expecting to adopt a passive position. It is ethical to give clients some indication of what to expect, as research has shown that a shared appreciation about the tasks is an important part of creating a working alliance. Clients are also often keen to know what Gestalt therapy actually involves. This can be quite difficult to explain briefly and you may want to prepare a short statement for yourself, which summarizes what you consider to be the fundamentals particular to your approach.

Suggestion: Imagine that your client has just asked you ‘So what is Gestalt therapy – and how does it work?’ What do you reply and why?

Here are some examples of statements you might make to a new client:

- ◆ ‘Gestalt therapists believe that people potentially have all the necessary abilities to solve their problems or face their difficulties. However, sometimes they get stuck and need some assistance. I see my task as a therapist to help you see more clearly what your situation is, find out how you are part of it, and experiment with finding new ways to resolve the difficulty.’
- ◆ ‘Gestalt is a humanistic/existential therapy that believes that people are born with the resources and ability to be in rewarding contact with other human beings, and lead a satisfying, creative life. However, often during childhood and sometimes later on, something interrupts this process and a person becomes stuck in fixed patterns and beliefs about themselves and the world. Gestalt aims to investigate and uncover how these patterns are still active and affecting a person’s present life. I hope to support you to find new and more creative ways to resolve the problem or crisis you are facing.’
- ◆ ‘I practise what is sometimes called “relational Gestalt”. This means that I believe that the patterns that emerge in our relationships – with our friends, our family, our colleagues and also ourselves, are key to who we are and how we feel. That includes our relationship here, perhaps even more so as we are discussing very deep issues and feelings. You will notice that I often pay attention to what happens between us and will invite you to do the same.’

Some clients have become disillusioned and disheartened. They have effectively given up, losing awareness of their options and possibilities. For many, therapy is the first time they have been truly listened to without judgement or pressure. This can create a honeymoon period for them that can, however, be short lived! A client who is unprepared for the

times of painful stuckness can become discouraged when the initial excitement of self-discovery wears off. It may be important, therefore, in your initial explanation of the process of therapy, to predict that the journey will involve work on their part, commitment and, for a time perhaps, an increase of distress.

MAKING A CONTRACT

Although Gestalt therapy is ideally an exploration of ‘what is’ and always a journey into the unknown, clients normally seek help when they are in psychological distress and clearly want a particular sort of help, or for something in their life to be different. What is more, psychotherapy outcome research clearly identifies the importance to successful therapy of having a shared understanding of the desired outcome of therapy. It is therefore useful to have an agreement about what would be a successful outcome for the client, especially as this will give you some baseline to judge its effectiveness. Some clients are very clear about what changes they want to make, while many are simply aware of their difficulties and can only articulate their needs in a very general way. A shared focus can still be agreed with what is known as a ‘soft’ therapy contract; in other words it is about increasing understanding, changing attitudes or perspectives, subjectively evaluated, rather than a ‘hard’ contract about a particular, externally measurable outcome. Figure 1.1 identifies four types of contract that relate to the two

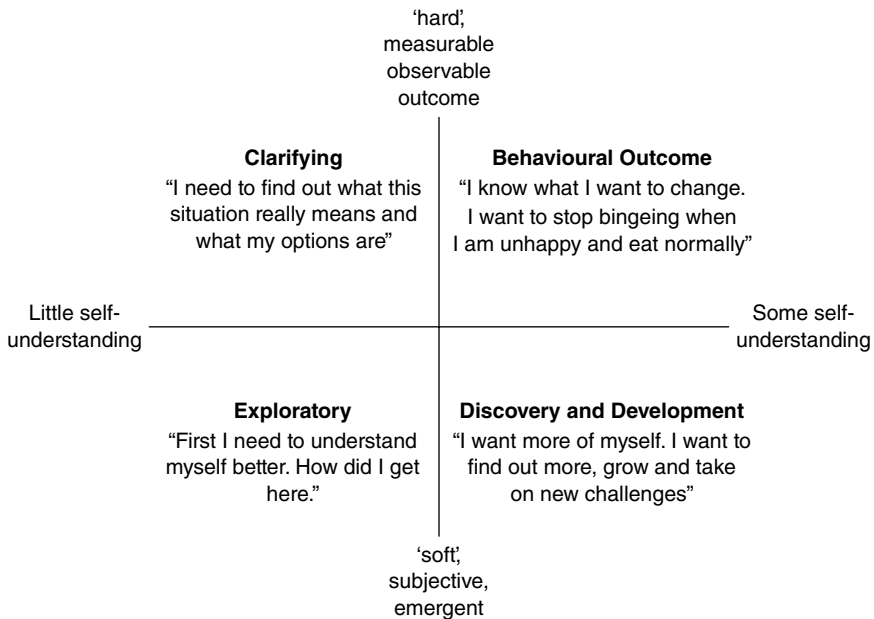


Figure 1.1 The contracting matrix

Adapted from Sills, 2006

dimensions of hard/soft contracts and greater or lesser self-awareness. The matrix allows therapist and client to locate the work where the client is.

For example, Jim agreed at the end of the first session that he wished to understand better why relationships with women always ended in his being rejected. It was implicit that he wanted to make better relational connections but it was not, at that point, important for him to know exactly what that would look like (a 'soft' contract – Exploratory). Leela, however, wanted support to leave her abusive husband (a 'hard' contract – Behavioural outcome). Of course, the direction and purpose of therapy inevitably change as new material emerges. Leela, for example, soon began to realize that she needed to understand how she was stopping herself doing what she believed was right (Exploratory). Contracting is therefore an ongoing process (sometimes within the same session) – 'How do you want to use today's session?', or 'What is important for you right now?' Then it can and should be reviewed regularly, especially whenever the therapy seems to have shifted its focus or resolved an issue. Also, from a standpoint of competent professional practice, regular reviews are important, for example every three months, to check that the client has a sense of progress. 'It is now ten weeks since we first met. You said you wanted to understand why your relationships were unsuccessful. Do you think you are any clearer now?' In Chapter 27 there are some suggestions for how to conduct a review.

The administrative contract

You will also need an administrative contract. This refers to the agreement between practitioner and client about such 'business' details as times of sessions, place, frequency, fees (if any), cancellation policy and limits to confidentiality. If you are working in an agency or on placement in any sort of counselling service, the administrative contract includes any rules or requirements the agency may have. Agreements between you and the client and the agency must be clear to all parties. Many counsellors and therapists choose to give their clients a written page describing the administrative contract in order to ensure clarity between them and to avoid the possibility of a new, anxious client not taking in the information given to her. Some agencies or training organizations will require you to have a written contract, which the client signs. This will give you permission to record the sessions, discuss the client in supervision and possibly use the material as part of accreditation requirements. An example of an administrative contract is shown on the next page.

In some settings, for example primary care, the number of sessions is clearly prescribed. The client is offered a set contract of perhaps six or twelve sessions. However, where the commitment is potentially open-ended, we have found it helpful to suggest an initial short-term contract of, say, four sessions to enable clients to have a sense of what Gestalt therapy with you may be like and to give them a 'taster' of whether this will be of help to them or not. We also say to the client that this will give us both the chance to have a better understanding of their situation and be able to make some prediction as to how long they may need to be in therapy. Usually, Gestalt therapy happens weekly, as clients and therapists find that this provides a good balance between relational consistency and the opportunity to assimilate and integrate the work.

However, sometimes there may be good reasons for varying this and it is possible for some clients to need to come more frequently and others to work with longer intervals or even irregularly. If you are thinking of agreeing a variation in contact, you should discuss it with your supervisor to check that it is not an avoidance of something.

Creating a safe container

One of the important elements of all good psychotherapy is what is sometimes called the provision of a safe container. This is the creation of a contractual space which will allow the client to bring all of himself to the process. It starts with a physical space which is protected from interruptions, and extends to a psychological space in which the client can express difficult or uncomfortable thoughts in the knowledge that they will not be dismissed or rejected and in which experiments and risks can be taken in the knowledge that the therapist will maintain the safety. This safe container is created in part by the therapy contract but largely by the client's experience of the therapist as consistent, supportive and boundaried as well as challenging (see also Chapter 4).

Problems with the safe container may be inferred when the client repeatedly expresses worries about confidentiality or asks whether they are too much or too distressing for the therapist. The client needs the felt sense that the therapist will hold and contain anything that emerges in the session and will be available and welcoming next time they come. The creation of a safe container is not discussed much in Gestalt therapy but we believe it is crucial to the successful outcome of the therapy, especially for clients who are more fragile or who have disturbed early experiences. (See also 'safe emergency' in trauma therapy, Chapters 20 and 21.) The therapist's ability to provide it is considerably strengthened if she has the parallel process of a safe container in the supervisory relationship.

In summary, the contract can be helpful for agreeing a direction and as a guide to ensure close collaboration between the client and the therapist. It gives you the basis and agreement to start work. It also defines your own boundaries and limits so that the client will know when you are available, what you are offering and what you are *not* offering. Finally, it provides a yardstick to which you can return for reviews.

A WORD ABOUT FEES

If you are working in private practice or for an agency that expects the counsellor to negotiate the fee, you will be in the position of having to make a clear agreement about the fees to be paid by the client. Frequently, counsellors find this conversation difficult. They find it hard to put a monetary value on what they are offering. If you are in private practice, it may be useful to check with colleagues to find what the average fee structure is for your level of experience. It is also helpful to remember that charging a fee is an important part of the counselling relationship. It is the client's part of the bargain that *entitles* her to your interest, commitment, time and skills. Without

Information sheet

Name of Counsellor/Agency:

Address:

Contact telephone number:

Date:

E-mail:

- ◆ The agency/My fee is ... for a 50-minute session.
- ◆ I need ... days' notice of a cancelled session. If you give me less notice than this, I will endeavour to find another time within the same week that is convenient to both of us; however, if this is not possible, then the fee will be charged and/or you will lose the session.
- ◆ I keep short written notes on sessions. They are not identified by name and are stored securely.
- ◆ I may ask your permission to record the sessions to allow me to reflect on what we have discussed. If you agree, you may change your mind at any time and I will erase the recording.
- ◆ I abide by the Code of Ethics of ... (e.g. UKCP/BACP), a copy of which is available upon request.
- ◆ The sessions are completely confidential except under three circumstances:
 - a. From time to time I will discuss my work with a clinical supervisor. This is standard practice and helps me to work as well as I can with you. My supervisor is bound by the same code of ethics and confidentiality as myself.
 - b. If I believe you are at risk of harming yourself or others, I reserve the right to break confidentiality in order to prevent harm. However, I would only do this in extreme circumstances and would always try to discuss it with you first before taking any action.
 - c. If required by a court of law to give evidence (e.g. in criminal proceedings).
- ◆ For the purpose of further accreditation and continuing professional development I may submit written or recorded material of some sessions for evaluation. Any such written material will be disguised to protect your identity and will only be reviewed by clinicians bound by the same or a compatible Code of Ethics.

this, the client might feel the need to adapt to you or somehow attend to your needs (as in an ordinary friendship). In fact, if you are working in an agency where no fee is charged, we believe that it is important to stress to the client what she will be ‘paying’ in terms of her time and commitment – even her taxes – to the process.

At the initial telephone call or interview, state your normal fee. If you decide that you want to offer a sliding scale or a certain number of low-cost places, you may say, for example, ‘If that is difficult for you, I am willing to negotiate. We can discuss that when we meet.’ Or, ‘I have a sliding scale of fees between £ ... and £ ...’. Or, ‘My normal fee is £ ... and I have a few low-cost spaces, for which I charge £ ...’. When you do meet to discuss the matter, you also need to be clear about your criteria for offering a low-cost space so that if you do so, you will not feel resentful later.

DECIDING NOT TO WORK WITH A CLIENT

During the first assessment session you may well come to the conclusion that you do not want to take on the client (see page 63 for how to decide if the client is suitable). This is a tricky area for most counsellors. It does not easily fit our self-image to admit our lack of competence or resources to be able to help everybody all the time! However, we need, of course, to rise above our omnipotent urges and consider what is best for the client and for ourselves. This highlights the usefulness of being tentative at the beginning of the assessment session (or on the initial phone call). You can offer a statement that the session is an opportunity for both client and therapist to decide what sort of help is needed. We recommend something like the following:

‘I suggest that we meet for an initial consultation. This will give us both a chance to meet each other, see if we can decide together what you might need from therapy and whether I’m the right person to help you.’

After this meeting you may decide therapy with you is not suitable (see Chapter 5 on assessment). However, not only is it hard for a therapist to come to this decision, it is also hard for a client to hear that she is being turned away, especially as many clients already fear that they are too overwhelming, too unattractive or too disturbed. Therefore, finding the right words to turn a client down is important. We would generally start by saying something like:

‘I believe I have a good grasp of the problem you are bringing and I can see how important it is. However, I don’t think that I am the right person to help you with it.’

We might then go on to say that we think they need someone who specializes in their particular issue or, less commonly, that we have a personal or boundary issue that means we are not the right counsellor for them. (We would normally not charge for the session.)

Examples:

‘The level of distress you are experiencing is such that I think that therapy would not be helpful right now and I would recommend that you go and see your GP first and ask for his or her opinion about a referral to a specialist.’

Or,

‘One of the issues you have discussed is one that touches me very personally. I too lost a child (parent/partner/etc.) last year and my feelings are, of course, still close to the surface. I am pleased to have met you but it’s important that you have a counsellor who will be fully there for you and not distracted by her own issues. I think it would be better if I referred you to a colleague and I will give you the name of someone who I think will be able to help you.’

In our examples we refer to finding a more suitable therapist for the client. It is almost always best to try to offer the client a referral rather than simply to turn her away. This places a responsibility upon us to be aware of what other resources are available in our area, including specialist colleagues or agencies, medical and psychiatric services, low-cost clinics and so on.

Suggestion: Part of helping the client to feel comfortable about being referred on is the counsellor feeling comfortable and confident himself. Imagine being refused by your last therapist because he did not feel competent to help you. What reactions and responses do you imagine you would have had? What might have helped you accept the decision?

KEEPING RECORDS OF THE SESSION

Records are ethically and professionally necessary, although there are no rules about what sort of notes you should take. The important thing is that they should be useful to you, not just a rule-following exercise. Some therapists rely on their written thoughts to remind them of key issues to be pursued, etc.; others prefer to work with the emergent process. At one extreme, therefore, the notes could simply be a record of the dates and times of your therapeutic meetings, and at the other extreme a detailed discussion of content and process. Be aware that your client may ask to see any notes and normally has a right to do so. It is therefore a matter of thoughtfulness and tact as well as of ethics to ensure that the respectful engagement you establish in the therapy sessions is reflected in your notes. You might make a written note of the subject discussed, emerging themes, missed appointments, fee paid, etc., in fact all the details that the client will be completely aware of and could read without surprise. In the unlikely event of having to produce notes in a court of law, these can be presented as a true record of the history of the therapy.

It is also perfectly acceptable to keep a journal of your private thoughts and impressions, counter-transference reactions and so on. As long as these do not specifically identify any individual client, they are not ‘notes’ in any professional or legal sense and are your private property or personal diary. They may be fleeting impressions, diagnostic speculations, and questions about your life and profession that are written purely as your own experience. This journal can be used to raise questions for yourself that you may want to take to supervision. Remember, however, that a court can, if it wishes, demand to see any written material relating to the client that

is in the therapist's possession, and if your diary contained names or indeed *anything* that would make the client identifiable, this material could be requested.

Your formal client notes should be kept in a secure confidential place and should only be identified by a code or first name. Full name, address and telephone number should be stored in a different place. They should also be kept for a certain period of time depending on your particular professional code of ethics (six years is a common requirement) after a client has stopped working with you, both for legal reasons and in case the client should return. After that time, they can be destroyed. You should also arrange for a colleague to be your 'executor' for the unlikely possibility of illness or death interrupting your practice. This executor should be given information as to where to find your client details so that she can destroy old notes and arrange for the support and referral of current clients. It is better to choose a distant colleague for this, as your close friends will be busy grieving for you. You can make a provision in your will to pay this clinical executor for her time.

RECOMMENDED READING

- Bor, R. and Watts, M. (2016) *The Trainee Handbook: A Guide for Counselling Psychotherapy Trainees*, 4th edn. London: Sage.
- Feltham, C. and Horton, I. (2012) *The Sage Handbook of Counselling and Psychotherapy*, 3rd edn. London: Sage.
- Jenkins, P. (2017) *Professional Practice in Counselling, Psychotherapy: Ethics and the Law*. London: Sage.
- Sills, C. (2006) 'Contracts and contract making', in C. Sills (ed.), *Contracts in Counselling and Psychotherapy*, 2nd edn. London: Sage. pp. 9–26.

USEFUL GENERAL INTRODUCTIONS TO GESTALT THERAPY

- Clarkson, P. with Cavicchia, P. (2013) *Gestalt Counselling in Action*, 4th edn. London: Sage.
- Houston, G. (2013) *Gestalt Counselling in a Nutshell*. London: Sage.
- Mackewn, J. (2009) *Developing Gestalt Counselling*. London: Sage. (See **Chapter 1.**)
- Mann, D. (2010) *Gestalt Therapy: 100 Key Points*. London: Routledge.
- Sills, C., Lapworth, P. and Desmond, B. (2013) *Introduction to Gestalt*. London: Sage.
- Woldt, A. L. and Toman, S. M. (eds) (2005) *Gestalt Therapy – History, Theory and Practice*. Thousand Oaks, CA: Sage.
- Yontef, G. and Jacobs, L. (2013) 'Gestalt therapy', in D. Wedding and R. Corsini (eds), *Current Psychotherapies*, 10th edn. Belmont, CA: Cengage Learning. (For a free downloadable PDF of this chapter go to the Pacific Gestalt Institute website, www.gestalttherapy.org)

2

PHENOMENOLOGY AND FIELD THEORY

- Scene: In a restaurant. The authors are taking a break from their writing.
- Charlotte: Phenomenology is such an extraordinarily exciting concept, yet describing it makes it sound rather heavy and boring. How would you make it come alive?
- Phil: Well – what’s going on for you now? What are you experiencing and noticing?
- Charlotte: [*looks around the room*] I’m noticing a white candle over there that is lighting up the picture behind it so it almost looks part of the picture.
- Phil: And how do you feel?
- Charlotte: Intrigued and happy.
- Phil: So, you are looking round your world and getting pleasure from seeing things in harmony with each other.
- Charlotte: [*laughs*] That’s me – I do like to see harmony.
- Phil: When I looked at that candle, I noticed it dripping on the table and wondered if I should do something about it. So your phenomenology right now is to see harmony around you and mine is to notice problems that I can fix. By the way, you have crumbs on your shirt.

THE PHENOMENOLOGICAL METHOD OF INQUIRY

The phenomenological approach means trying to stay as close to the client’s experience as possible, to stay in the here-and-now moment and rather than *interpreting* the client’s behaviour, to help him explore and become aware of how he is making sense of the world. As he comes to approach himself with the same spirit of inquiry, the client comes to know ‘who he is and how he is’. The phenomenological method is in fact as much an attitude as a technique. It involves approaching the client with an open mind and a genuine curiosity, where nothing matters except the discovery of his personal experience. In doing this, the awareness of the client of his own process and the choices he makes is focused and sharpened.

The phenomenological method was first proposed by Husserl (1931) as a method of investigating the nature of existence, and later developed by existential philosophers such as Heidegger and Merleau-Ponty. A crucial phenomenological perspective is that people are always actively making meaning of their world and therefore the client is always an active participant in what he is experiencing and how he is experiencing it – including his presenting problem.

Phenomenological inquiry has been adapted for the therapeutic setting so that it becomes a method through which both therapist and client investigate the client's subjective meaning and experience of himself in the world. There are three main tasks for the therapist: first is *bracketing*, where she recognizes and as far as possible sets aside her beliefs, assumptions and judgements, in order to see the client in their situation 'as if for the first time'; second is *description*, where the phenomenon of the client in the present moment and the interaction between you is simply described in terms of what is immediately obvious to the senses, rather than understood or explained; third is *horizontalism*, where all aspects of the client's (and indeed the therapist's) behaviour, appearance, expressions and context are given potentially equal importance.

Although it is implied in the very notion of phenomenological inquiry, we believe that it is worth explicitly naming a fourth element – *active curiosity* – as this is what gives life to the other three.

For the therapist, the phenomenological method is an attempt to allow you a fresh experience of the client, holding your judgements and preconceptions lightly and with an open attitude. It is like the first day on holiday in a new country with a new culture, where you approach your experiences with openness to novelty and difference, only wishing to take in the newness fully and to allow understanding to emerge naturally.

There is of course no way that you can ever be free from the lens of your own subjectivity, your own particular way of making meaning of the world and of the people in it. What is more, your phenomenological inquiry – the questions you ask, what you notice, what engages your interest – will inevitably be orientated around your role as a therapist. However, we all know the difference between those times when our attitude to something is rigid, stereotyped and narrow and others when we are open and available to new meanings, new impressions and new understandings.

As we also say throughout the book, we believe that in every interaction there is always a co-construction of meaning and, in this light, it is impossible to be objective in any real sense: you cannot take yourself out of the relationship or stand separate from your meaning-making. The method can really only be an attempt to make you aware of your judgements and reactions to the client (and to the relationship) in order to allow a clearer perspective and understanding.

BRACKETING

This first skill in phenomenological inquiry is an attempt to identify and acknowledge the preconceptions, judgements and attitudes that the counsellor inevitably carries into the therapeutic relationship. In the moment of bracketing, the counsellor

tries as far as possible to put all these to one side and be open and present to *this* unique client in *this* unique moment.

Maybe you have had the experience of seeing a familiar person from a different viewpoint (maybe after a long absence) and it has felt as if you were seeing them for the first time. Often this experience is accompanied by a sense of freshness, appreciation and wonder at the unique person you had previously taken for granted. In practice, of course, it is impossible to bracket in this way for more than moments at a time and indeed it would be impossible to function without our assumptions and attitudes. Human beings are naturally drawn to make meaning and we could not live meaningfully if we did not learn from experience, draw conclusions, make judgements and form attitudes.

Perception is ... understood to be a process of construction and problem solving rather than a passive recording of an external 'reality'. (Clarkson with Cavicchia, 2013: 207)

However, human beings also tend to become rigid and stereotyping – they see what they expect to see and then lose the sense of newness and new possibility. We do not have to look far to see the consequences of stereotyped attitudes to colour, race, nationality or mental illness. Bracketing, however, is not about attempting to be *free* from preconceptions, attitudes or reactions. It is an attempt to keep us close to the newness of the here-and-now moment and avoid the danger of making hasty or premature judgements about the meaning of each client's unique experience.

Suggestion: Consider the following:

1. Jim tells you that his mother has just died from cancer.
2. Kathryn says she has been promoted to a position with more responsibility.
3. Miles tells you he has hit his seven-year-old daughter.
4. Keiko announces she is to have an arranged marriage to a man she has never met.

Imagine hearing each of these statements from a client. What is your immediate reaction, emotion or judgement on hearing each? Even on such little information you can see how quickly you form an opinion. We have often been surprised how differently the same event can be perceived by the therapist and the client: a bereavement that has meant relief or anger rather than sadness, an apparently wanted event that has meant anxiety for the client, abuse which has been justified as necessary, or a surprisingly different cultural meaning to a universal event.

It is hard to describe *how* to practise bracketing but it may help to start from a deliberate attitude that your opinions or judgements are potentially suspect or premature and that you need to wait before you reach any conclusions. At the very least, you can be aware of your preconceptions, you can hold them lightly and be prepared to

change or modify them in the light of new evidence. You may find that the exercises of grounding and simple awareness described in later chapters will also help so that you listen from your heart and body rather than your head!

EXAMPLE

James: I've just found out my partner is pregnant and she is so pleased.

[Couns. reaction: *Feels an immediately positive response but hesitates.]*

Couns. response: How is that for you? *[Brackets her own values and reaction.]*

James: I don't know really. I'm pleased of course.

Couns. response: You sound a little unsure.

James: Yes I suppose I do. It's a new life. Bringing a baby into the world.

[Couns. reaction: *Starts to sense some emotion other than pleasure – concern or worry perhaps?]*

Couns. response: Is there some other feeling or concern about having a baby? *[Brackets her emerging judgement and investigates what may be unspoken.]*

James: It's fine. But I'm worried about bringing a child up in such difficult times.

And so on ...

The initial tentativeness of the counsellor allowed a more complex meaning to arise that might have been missed if the response had been more positive ('Congratulations').

The attitude of bracketing is similar in some ways to investigating a mystery. You are trying to make sense of this particular situation, ask questions, and find out: 'How do you feel about that?' or 'What does that mean for you?', 'What sense do you make of that?', 'How did that happen?', *but without an expectation of what you will find* (at least initially). You are attempting to allow the meaning of the situation to emerge and an attitude of bracketing or openness is often the best way to start.

Suggestion: Think of a client (or a friend) you have been seeing for some time. Describe him to yourself in terms of categories – for example, his occupation, gender, socio-economic group, personality style, how he sees you, what he really should do to sort himself out (!) and so on. (Do this for a minute or so.)

Now, let all that drop and imagine sitting in front of him without any prejudice or attempt to make meaning. What do you notice about him? How is he sitting? How does he hold his body? How is his hair, his skin tone, and breathing? What is the expression on his face? What images or feelings occur to you?

You can see what different impressions emerge from these two ways of knowing.

The skill of bracketing will also be crucial in the practice of *creative indifference* and *inclusion*, which we cover later in the book, as they both require a type of bracketing.

DESCRIPTION

The second skill involved in phenomenological inquiry is description. This involves staying with the awareness of what is immediately obvious and describing what you see. While the counsellor is bracketing off her assumptions and values, she confines herself to describing what she notices (sees, hears, senses, etc.), what she perceives the client to be saying or doing and what she is currently experiencing herself (without interpretation).

Typical interventions might be:

I'm noticing ... (e.g. 'your breathing has speeded up').

You seem to be saying ... (e.g. 'that this is very important to you').

You look ... (e.g. 'distressed').

I'm aware that ... (e.g. 'you've arrived ten minutes late').

The counsellor needs to stay close to the information from her contact functions (her ways of directly perceiving, experiencing and touching the world) and her bodily reactions. As she does this, figures of interest will emerge – the body posture of the client, the tone of voice, the rate of breathing, or a repetitive theme. She will also notice her own phenomenology, perhaps an emotional response, bodily tension or loss of interest. In this way, she describes (sometimes out loud, sometimes not) the emerging figures and themes of the client. This activity of the counsellor is also called tracking, that is, following the unfolding movement of phenomenological process over time.

EXAMPLE

Kess arrives late and sits down slowly, eyes downcast, hardly moving her body, silent. As the counsellor comments on how still her body is and the intensity of her silence, she gradually starts to look up and says she is aware of how much sadness she is holding in. The counsellor tells her he is aware of noticing small, restless movements in her clasped hands. As Kess pays attention to the sensations in her fingers, hands and arms ... she becomes more energized and starts to express her distress. Later, the counsellor notices that Kess's voice is becoming quieter and she is becoming still again. He shares this observation and Kess says she fears becoming too distressed and that he will judge her for being weak.

It is amazing how powerful this technique can be for helping a client to get in touch with her experience and also to uncover what gets in the way. Description offers attention, support and interest to emerging figures that may otherwise become side-tracked. The counsellor is also helping the client to bring to the surface her own interpretations, beliefs and meaning-making, as well as give her fullest attention to her feelings and experience.

A word of warning. Frequently, what the therapist notices are phenomena or reactions that are out of the client's awareness. Some clients can feel very exposed and even shamed by the experience of someone noticing their body movements, tensions, voice tone, choice of words, and so on. It is important that the therapist's comments are offered sensitively and in a way that seems relevant. The client must not be invited to feel that she has been put under a microscope. We return to this skill later in the chapter.

HORIZONTALISM

Everything that happens is potentially as important (horizontal) as anything else. Or to put it another way, the full meaning of something can only be grasped if everything is taken into account. This principle leads to the third skill of phenomenological inquiry. The counsellor does not assume any hierarchy of importance in what she sees or responds to. A movement of the client's body may be as meaningful as what he is talking about. This, of course, is a subtle skill. It would not be at all appropriate for the counsellor to interrupt the client's flow in a clumsy way in order to draw his attention to an irrelevancy. However, we keep in mind both Perls' well-known reminder that Gestalt is the 'therapy of the obvious' and also the principles of field theory.

Horizontalism is achieved most naturally if we are bracketing successfully and confining our interventions to descriptions of 'what is'. In this way, we trust our heightened perception to notice and name possible connections or anomalies. Of course, what is in the background, what is absent or missing, may also be of equal importance, such as in the case of a client who is talking about an imminent divorce with little emotion.

EXAMPLE

Couns: I notice that you have been looking out of the window a lot while you have been talking about your wife. [*Counsellor gives equal weight to the looking out of the window as to the words.*]

Client: Have I? Yes, I suppose I have. I can see the top of that huge beech tree and it seems to be so far away and that's comforting somehow.

Couns: How is it comforting?

Client: I don't want to be talking about this – my marriage. I don't want to be telling you and it to be real and you looking at me and being sympathetic. I feel – oh I know it's silly – sort of angry at you. You're making