Out of the Paris Conference: a step into exploring practice-based research in Gestalt therapy

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Abstract: In this paper, the four conveners of the Paris Conference (May 2017) tell us why and how a research tradition in Gestalt therapy is starting to grow: the uniqueness and relevance of Gestalt therapy merits joining the psychotherapy research field to receive legitimation and the Gestalt community has already undertaken good research projects and achieved valuable results. The Gestalt community is now mobilised and the success of the Paris Conference seems to be a turning point. The authors continue by discussing how research can fit with Gestalt anthropology and show how this emerging tradition is connected with and part of the wider field of contemporary psychotherapy research. Finally, they focus on the training and development of the reflexive awareness of the therapist, advocating a more research-oriented attitude.

Keywords: Gestalt therapy, psychotherapy research, training, self-awareness.

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Heading towards research: a brief history

It may seem odd that the first international conference on Gestalt therapy research to be held outside the United States took place in Paris. As in Switzerland and Belgium, the ties between the Gestalt community and universities in France are almost non-existent. Until recently, there was little published Gestalt research and, until today, the overwhelming majority of students from various Gestalt training institutes were not familiar with clinical psychology nor the vast field of research in psychotherapy which has existed since the 1920s.

Let us start off by saying that holding this unique event in Paris was not entirely due to random chance. Indeed, in 2008 a General Assembly of Gestalt therapists was held – the first one including all French Gestaltists since 1996, hence also a unique event. This event was jointly organised by the SPG (French Society of Gestalt) and the CEG-t (European College of Gestalt Therapy) in Paris, and a Masters level student in sociology presented a dissertation implying that the Gestalt community had sectarian inclinations. As a result, a small think tank took on the job of reflecting on how to open up the francophone Gestalt community to the world and give it more legitimacy.

The group’s work led to a first meeting in 2010, with fifty Gestaltists attending, to discuss research. The following year, a research commission (CMR) was created. Led by Vincent Béja, the mission was to raise awareness among the whole community about Gestalt research.

This new community was thus ahead of many other national Gestalt organisations in Europe, but quite in tune with the EAGT which, under the chairmanship of Peter Schulthess, had set up a research committee (RC) in 2008. The RC was subsequently coordinated by Gianni Francesetti and then by Jan Roubal. Its mission at the European level was similar to that of the CMR for the francophone community. In 2014, the EAGT research committee organised the first seminar on research methodologies in Rome, bringing eighty people together.

Meanwhile, in the United States, there was concern for the increasing marginalisation of Gestalt therapy in its native country, thus giving rise to a similar initiative: Phil Brownell coordinated the production and publication of a first book on research (Brownell, 2008). He set up a research-orientated working group within the AAGT – now led by Mark Reck – and then worked with Joe Melnick on the organisation of the first two International Gestalt Therapy Research Conferences held in 2013 and 2015 at GISC in Cape Cod.

In many parts of the globe such as Asia, Eastern Europe, and South America, Gestalt therapy is clearly expanding.
However, in countries where healthcare systems have to cope with budget restrictions and where policy makers are required to employ empirically-validated treatments, it became clear that Gestalt therapy needed to increase credibility and legitimacy. University research on Gestalt therapy needed to be produced at a greater level. In all fairness, we should mention that some researchers have produced valuable work, such as the theoretical contributions of Todd Burley (2004, 2012, 2014). Willi Butollo's results have also demonstrated the relevance of our method in treating trauma (Butollo, 2014, 2016, 2018; Béja, 2018). Uwe Strümpfel (2006) published the first extensive review of Gestalt studies, while Paul Barber (2006), and Linda Finlay and Ken Evans (2009) made valuable contributions about methodology for case studies. And even if after the Rome seminar a second book on research, *Towards a Research Tradition in Gestalt Therapy* (Roubal et al., 2016), was published, something became quite obvious: we had to jointly build a research tradition together which would allow Gestalt therapy to find a place and a voice truly worthy of interest in the orchestra of therapeutic modalities. It seemed to us that beyond the mere preservation of a method that had gone past its golden era, it was worth demonstrating the originality, consistency, and effectiveness of Gestalt therapy in scientific forums. The use of the situation, the concept of field, the phenomenological approach, the use of collaborative inquiry, the use of empathic and implied presence, the aesthetic criteria – all these contribute to form a unique, powerful, and beautiful humanist approach of which we have the right to be proud.

These observations and a shared conviction encouraged the EAGT research committee – supported by Lynne Rigaud, Florence Belasco, and the whole CMR – to work closely together in organising the Paris Conference in May 2017, which featured Louis Castonguay, Wolfgang Tschacher, and Xavier Briffault as speakers. We also believe these same factors ensured the interest in and the great success of the Conference. Registration reached its full level and was closed in March since the main hall was limited to 200 people. And this conviction, once again, must have been sufficiently communicative, as a large team of volunteers was mobilised among our French-speaking colleagues. This success confirmed the desire of our community and gives new momentum in creating this research tradition. With our colleagues from South America, we are currently preparing an international conference to be held in Santiago, Chile in 2019, where renowned researchers, such as Clara Hill and Marianne Krause, will be among the presenters. Additionally, the joint AAGT-EAGT Conference in Taormina, Italy in 2016 featured a number of research presentations, as well as an invited keynote talk on research from Leslie Greenberg, all contributing to the movement of past and future research conferences.

**A reflective process**

This universal agreement on the objectives – the construction of a research tradition and openness to scientific discussion – does not, however, imply unanimity in their achievement. We saw a whole series of questions rapidly emerge from these objectives: for example, are some types of research more compatible with our epistemology than others? If so, which ones? Also, our concern for the uniqueness of each situation and client and our respect for the complexity of the relationship would push us towards qualitative research, but does that mean that we should abstain from quantitative research? On the other hand, would it not be important to demonstrate the effectiveness of Gestalt therapy with quantitative-type studies? Should we not be concerned with identifying relevant research topics before anything else? And similarly, should not the main goal of research be of direct relevance to clinicians? Or should the goal be to refine and validate Gestalt theory, or to measure the quality of clinical work with our clients? Furthermore, what exactly is ‘good work’? Or a ‘good’ therapist, for that matter? Moreover, can one maintain a coherent Gestalt posture if we start thinking in terms of ‘effectiveness’? Finally, what are we truly doing when we are in session? Although these factors and questions can be pursued through research in various domains (e.g. social change, organisations), this work focuses primarily on the research tradition within psychotherapy. However, the need to include research in all ways in which Gestalt is practised is vitally important.

These are some of the questions that we keep asking ourselves and they were explicit during the Paris Conference. As organisers, we may simply rejoice! As the research tradition we are working on is taking shape, richer discussions and high-level debates are taking place. By striving to clarify our ideas and to confront each other, these discussions are steering us to question purely ideological positions and to clarify and express our diverse perspectives. For example, it is thanks to Madeleine Fogarty’s initiative in creating her Gestalt Therapy Fidelity Scale (GTFS) that we have all come to ask ourselves, very concretely, the question – in one form or another – how do we recognise that a therapy session is Gestalt (Fogarty et al., 2016)? If giving an answer is neither simple nor risk-free, refusing to attempt to answer is probably even more dangerous, especially in our current social context.
A major political axis

Let us do a quick overview: how has the international Gestalt community gone from observing a loss of credibility of Gestalt therapy (and even worse in France, being presumed by the public authorities of proximity with sectarian behaviours) to the strong recommendation of undertaking research?

Since Gestalt therapy appeared from the outset as subversive and countercultural, this observation with its historical roots is actually the product of a co-created field phenomenon on the one hand, between institution and university, and on the other, the Gestalt community. It must be recognised that for a long time, we had been tempted to entrench ourselves in a position of rebelliousness or as the misunderstood, facing a medical position that has become hegemonic in the field of mental health, particularly since the introduction of a new class of psychiatric medications. This narcissistic retreat now puts us at risk of truly being isolated, which would result in Gestalt becoming less and less influential, hence producing tragic effects. So we have to stop sticking our heads in the sand and finally look up, expose our work to others, learn from others in the psychotherapy research field, and take the risk of encountering others and diversity.

Doing research has two sides that are inseparable: to see and to be seen, to be challenged and reached in order to challenge and reach back, to read what others publish and publish in turn so that they can read us! First and foremost, this means engaging with the community of clinical researchers and academics around the world and agreeing to speak a common language to convey our own values and perspectives. Interestingly, some clinicians have already started working collaboratively with research institutes, for example, what Jean-Luc Vallejo and Yves Plu have been doing with INSERM (Vallejo et al., 2018).

False dichotomy and true benefit

Suddenly, a substantial objection emerges: what are the conditions for engaging in dialogue, of speaking a common language? Can this be done without losing our specificity? Does this common language that we should adopt, in order to communicate with others beyond our community, not impose its own standards of science and rationality? Does it not favour the universal to the detriment of the singular, the measurable to the detriment of the desirable, quantity to the detriment of quality? Does science not consist in discovering the underlying regularities, whereas the clinical phenomenology that we practise is the art of letting uniqueness and singularity emerge? Understood in this way, the science of psychotherapy would oppose the art of the clinician and there is even a risk that it could contribute to its disappearance.

The answer to these dilemmas is complex because they challenge our conception of reality. Some of us have endeavoured to find an ontology that allows objectivism to be accorded with subjectivism, causality with novelty (Brownell, Meara and Polak, 2008/2011). But let us be aware that the desire to answer implies acceptance of the premises residing in the question, namely the seemingly irreducible dualism between quantity and quality, between regularity and singularity.

Yet in our clinical practice, these two dimensions are not totally exclusive. For example, we do meet depressed people who have a number of common characteristics on a cognitive level or in terms of body process. It is also true that each of them will have a singular presence that will affect us or ‘contact’ us in a specific way. This contact is what we, as Gestaltists, work with. If, however, through an effort of systematic observation, we find similarities in our exchanges with these different people, what might we conclude? That somehow we have missed their ‘uniqueness’ or rather that we now have some new elements that are worth paying attention to? In fact, being an ‘experienced’ therapist does not mean anything other than having learned implicit (or explicit) ‘rules’ from our experiences with different clients which enrich our ability to adjust to them.

If systematic curiosity – which is, in fact, at the base of all research processes – reveals or confirms one of these patterns and that this knowledge subsequently becomes accessible to less experienced therapists, will we be clinically richer or poorer? In our experience, if this knowledge is truly integrated, the practical effect is likely to be a clinical approach that is more finely tuned and insightful. And it is here, in our opinion, where the other major challenge of research lies and which, ultimately, underlies it as a foundation that will enrich and refine Gestalt therapy practice conducted by Gestaltist therapists. We will come back to this.

An effort towards method

To organise our curiosity, to systematise our observation, and to speak a common language does not mean abandoning our posture or our own language. However, it does mean making efforts in terms of methodology and translation. Simply demonstrating that there is consilience regarding Gestalt therapy and neuroscience (Delisle, 2013) or with certain ‘common factors’ (Brownell, 2008, 2008/2011) is not enough. Of course, these can offer a presumption of validity that reassures us as to the pertinence of our concepts and that our practice is
justified. But to be convincing, this presumption still needs to be validated by rigorous work which, in turn, will become an asset to the research community only if it participates in a scientific dialogue via specialised journals. This is the price, that through our active presence and our relevance in this field, we will be able to legitimise our modality. Other than in the research world, there have been limited public spaces that are open to our presence. But we must be aware that our long absence in this space has undermined our credibility and influence. Some major scientific journals indeed consider that Gestalt therapy is today in decline and they hesitate to publish our research work.

A terrain of conflict and evolution

We must also be aware that research is a rich and complex world. It can be seen as an arena for a fierce engagement for existence between modalities whilst at the same time offering a space for debate and dialogue that alters and transforms its participants. Our approach based on the relationship and phenomenological observation is far from isolated. We share many of the values and beliefs of the humanist movement and our modality remains respected by many influential researchers. Some have been inspired by Gestalt therapy to build their own therapeutic approach, such as Leslie Greenberg with Emotion-Focused Therapy (EFT; 2011) and this has greatly helped to popularise and empirically validate the empty chair technique beyond Gestalt circles. We are, therefore, not complete strangers.

Moreover, research is not limited to the cause–effect or symptom–treatment approaches advocated by cognitive-behavioural therapies (CBT), in which the latter can easily produce a large quantity of what seems like convincing research, unlike humanistic therapies that cannot consent to abandoning relational complexity that is so much a part of their identity. Despite appearances, the field of research has never been reduced to randomised clinical trials, on the basis of the scientific belief that psychology works like a pharmacological approach: namely, that a symptom necessitates a specific treatment. That particular debate began to show its limits early on and became more or less obsolete in the 1990s. Today, qualitative work has become crucial in the development of research on change process. An example of this type of work can be found in Jan Roubal’s study, based on a grounded theory approach and carried out through an investigation of a therapist’s experience with depressed clients (Roubal and Rihacek, 2015, 2016). Other protocols that combine qualitative and quantitative methods are becoming more and more popular, such as single case serial time studies (Wong et al., 2016). A large international Gestalt project using this protocol has begun, which was initially driven by Phil Brownell and is currently coordinated by Pablo Herrera (Herrera et al., 2018). In the last fifteen years, a big effort has been made to focus the psychopathological processes and constructs more from a phenomenological and Gestalt perspective rather than just symptoms: one of the aims of this exploration is to provide a more relational ground for qualitative and quantitative research in clinical practice (Elliott, 2014; Francesetti et al., 2013).

Mixed methodologies are also essential when researching change processes and are the basis of most scales of measurement. In this respect, we must mention the contribution of Ida Babakhanyan (2012) who, supported by her thesis supervisor Todd Burley, created a scale for measuring depression in children. Built on our Gestalt concepts, this scale is now more sensitive and more discriminating than the others (Babakhanyan and Burley, 2016). Other researchers, like the Pragma group led by Frédéric Brissaud, are interested in describing and understanding not just conscious speech, but what the therapist is really doing in the session.

The debate on which therapy is the most effective was also progressively invalidated as early as the 1970s with the conclusions of the ‘dodo verdict’ (Luborsky et al., 1975). However, it is still present in people’s minds because the underlying issues of recognition and intermodal rivalries have not dried up. On the contrary, they are still very active and that is why, as Leslie Greenberg reminds us (Béja, 2015), we must be present. This is also the reason why Christine Stevens and her team recently conducted a naturalistic study in Britain using the CORE outcome measurement tool. The results show that Gestalt therapists are as effective as therapists of other modalities (Stevens et al., 2011). Another interesting study focused on both outcomes and how therapists of several modalities, including Gestalt therapy, worked (Schultheiss et al., 2018). The results showed both the equivalence of treatments in their effectiveness and, again, underlined the importance of common factors.

But, under the impetus of CBT, this direct comparison of psychotherapy modalities has now been modified into a race to answer the question: ‘Which therapy for which problem?’ CBT therapists indeed see in this displacement of focus a means of retaining their supremacy in the name of an ethically unquestionable argument, ‘offering the patient the best possible care’. Humanistic therapies refute the very premises of this new race to demonstrate effectiveness which, as previously noted, considers the reduction of symptoms as the purpose of the therapy and the technique or treatment as the only relevant variable. Adopting these premises without discussion amounts to ignoring
or neglecting the uniqueness of each client and their pathogenesis, as well as ignoring the most convincing results of contemporary research on the importance of the relationship in the outcome of therapy. Whilst it is a fact that humanistic therapies must meet the challenge of not letting CBT appear to be the only effective therapy, we think that ultimately this debate is bound to run out of steam while the evolution of CBT leads this modality based on cognition and behaviour – in waves – to become ever more attentive to emotion and the relationship.

Training: the real challenge

As Xavier Briffault (2018) reminded us in his speech, as Gestaltists we are indeed much closer to the contextual model developed by Wampold (2013) than to the medical model. In the latter, techniques are considered to have an intrinsic effectiveness whilst we tend to think along the same lines as Wampold who states that techniques derive their effectiveness from the therapist’s ability to adjust these techniques and himself to the situation and to the meaning the client gives to the therapist’s interventions.

The pertinent questions for us, therefore, are related to the way in which we view clinical work: in the therapist–client relationship and constant attention to the processes of attunement and misattunement between them, as well as in the therapist’s ability to intervene in an adjusted way.

Nearly fifteen years ago, our colleagues from Quebec made an enlightening point about the seemingly paradoxical elements highlighted in research concerning effective therapists (Lecomte et al., 2004). If it has been shown that some therapists actually get better results than others, it is still difficult to determine what characterises these therapists. In fact, neither the therapist’s adherence to treatment, nor the extent of his clinical experience, nor his level of knowledge, clearly characterise the ‘good’ therapist. It is rather the ability of the therapist to adjust to his client that seems to take precedence over any other aspect. Furthermore, it is also a question of the right intervention at the right time, thus making it very complex to establish statistical linear links between techniques and results (Stiles et al., 2015).

In reality, the question is complex because, as Castonguay reminds us, ‘we find data suggesting that there are a number of therapists that are more effective than the majority, but for some problems and not for others. In other words, expertise is not uniform in nature’ (Belasco and Castonguay, 2017, p. 43; Castonguay and Hill, 2017).

That said, qualitative research on ‘good’ therapists suggests that ‘therapists that have a diligent attitude to practice: Those who spend more time preparing for sessions, reflecting on complex clients, who seek training, in other words those who are more implicated in their work, are more efficient’ (Belasco and Castonguay, 2017, p. 43). And Lecomte (2004) explains:

This commitment is expressed by their passion for learning and the simultaneous maintenance of their emotional openness to their experience and feedback provided by others, in particular by their clients and colleagues. ... Their common style is reflected in the adoption of a reflective self-awareness in the face of the complexity and ambiguity of therapeutic work. (Lecomte et al., pp. 86–87)

It is therefore not a question of opposing relational capacity to knowledge and technical know-how, but of fostering reflexive awareness in the therapist that allows for the integration of these and which, over the duration of building the therapeutic experience, gives rise to well-adjusted action. In continuity with some of those who have been our teachers, we consider that this is the central issue of initial training, supervision and ongoing professional development training in Gestalt therapy.

The role of research is like a spur which pushes us on and invites us not simply to satisfy ourselves with what exists. For example, we tend to believe that group training develops reflexive awareness and improves a future therapist’s interpersonal skills; however, as with many aspects of our approach, we have no evidence-based data proving this. This is where the challenge lies, in getting evidence that supports our methods. We are convinced that by focusing on the processes of clarification and observation, our community will find new ways to further improve our training in terms of a better integration of theoretical–clinical knowledge with relational skills.

It is therefore desirable that research, with its dual aspects of results – that are always incomplete – and the ever-stimulating questions being asked, become an integral part of the therapists’ and trainers’ ‘baggage’. This has recently led the EAGT to advocate for the introduction of research into the programs of the training institutes it accredits.

Conclusion

We are convinced that research can take Gestalt therapy out of the current risk zone of declining or possibly becoming obsolete. We notice that the movement towards research which has been undertaken since the mid-2000s is creating new links between Gestaltists of different geographical origins and diverse cultural contexts. A feeling of unity and community is becoming more and more apparent. And the dialogue with other modalities is gradually taking place. The intermodal
round table that we proposed at the Conference is one of the first signs towards this.

During the Conference, we noticed the quality of the work already done, of training institutes’ desire to introduce research in their curriculum, manifested by their presence at our conference workshop on training (led by Gianni Francesetti and Jan Roubal), and the interest of many of our colleagues to launch new research projects or to join the ambitious projects in progress. We are therefore becoming more and more convinced that if we know how to welcome and use the support that many external researchers are willing to give us, our community’s commitment to research will have a powerful positive impact on the future of Gestalt therapy. Research, in fact, through the effort of observation, the questioning and the collective work that it arouses, can produce a renewal of our theoretical reflection, an increase of the quality of our therapies as well as a renewed interest for our perspective from our non-Gestalt colleagues.

We hope that the Conference in Paris was a useful step in that direction.

References


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