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GANZ Conference 2016
This Journal, which is owned and supported by GANZ (Gestalt Australia and New Zealand, Inc), an association of Gestalt practitioners, presents the written exploration of Gestalt concepts within psychotherapy practice, training and supervision. It publishes articles, book reviews and case studies that focus on the discussion of current practices, research, organisational development and dynamics, community development, social and political domains and everyday life. The Journal offers an opportunity to writers to express their passion for and understanding of the Gestalt paradigm. The Journal also invites writing that explores (or even challenges) the use of Gestalt principles within other theories and disciplines. Through theoretical, methodological, practical and experiential approaches, with the rigour of a professional peer reviewed publication, the Journal encourages and fosters the growth and creativity of writers and provides a resource for anyone interested in discovering more about themselves and others through this rich perspective.

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EDITORIAL: UNCREATIVE ADJUSTMENT?

One of the pleasures of an editor is the exposure to a variety of ways that authors accept the challenge to express theory, practice and personal experience in their areas of interest. In engaging with the offerings for this issue, the figural theme that emerged for me was the topic of creative adjustment.

In the preface to Creative license: The art of Gestalt therapy, Margherita Spagnuolo Lobb and Nancy Amendt-Lyon (2003) list creative adjustment and polarities as two of the key concepts that distinguish Gestalt from other schools of therapy. So, is it possible to define a polarity where one pole is uncreative adjustment? The Merriam-Webster online dictionary definition of the adjective creative includes: “having the quality of something created rather than imitated”.

The implication is that something creative requires difference or newness, which are themes that Perls, Hefferline & Goodman (1994, p. 6) express in different ways. In their terms, the organism (which includes a human) lives in its environment by maintaining its difference and “assimilating the environment to its difference”. The contact boundary is where the assimilable is selected and the unassimilable rejected, where both choices are directed at “novelty” or newness. Assimilating novelty leads to growth and change, and all contact is thus creative adjustment. Conversely, contact cannot be routine or stereotyped, so what is pervasive, always the same or indifferent is not an object of contact. Such an experience is easily demonstrated by the apparent disappearance of a wristwatch after it is has been strapped on.

Creative adjustment is one of those common terms in Gestalt that can be used with ambiguity. A client’s creative adjustment to family of origin dynamics might well represent a rejection of what is unassimilable at the time, but if that then turns to self-harm and “become[s] a high price to pay” (Taylor, 2014, p. 45), surely it represents an uncontactful, imitative, routine response that is actually uncreative, and contains no adjustment to the environment. The possibility of novelty is denied.

Perhaps our task, as practitioners, could be defined as introducing novelty to uncreative adjustments, since “… on being excited by a novelty, … the self creates a reality. The reality is a passage from past to future: this is what exists, and this is what the self is aware of, discovers and invents” (PHG, p. 184).

The following summary of the contributions in this issue includes brief
comments on the above themes.

Forrest James’ interview with Lucien Demaris provides an insight into the differences in contact processes growing up in Ecuador within the context of a traditional culture community and its associated social collective (rather than individualistic) and eco-systemic experience/view of the world. The focus on embodied relational processes have led him to explore many healing modalities that *en-corporate* both body and relational features and to develop “Relational Somatics”. In his view, the individual physical presentation is not as important as the relational situation of the client, and the focus of his work seems to be enhancing the development of new relational supports.

Emilyn Claid and Lynda Osborne’s paper is an adoption of the presentation of their 2016 GANZ Conference experiential workshop: *Falling – A creative process*. Incorporating existential issues and a series of embodied experiments, they illustrate that falling is a metaphor for both the perceived danger of the void (an uncreative adjustment) and as a source of creativity or novelty. They explain how yielding allows the environment to supply stability, and in pushing, the environment provides leverage. Some experiments explored supporting and witnessing falling, literally, and showed that one can fall and reach out, others worked to build trust in the ground. They outline how these metaphors and experiences can assist therapists to develop their own self-support when clients are “falling”, matters of interest in the following contributions.

Raewyn Stedman’s adoption of her final year project is an interesting and comprehensive description of the challenges and issues of a population I’ve not seen described before, that of *Third Culture Kids (TCK)*. Readers who have moved countries as adults may find some of the themes resonant, however I imagine not to the degree illustrated by Raewyn’s personal and professional experiences. The work contains many perspectives, such as developmental, linguistic and cultural, where she also notes distinctions between collective and individualistic cultures and their expectations, particularly within Gestalt therapy itself. While there are some benefits for a TCK, there are recurring losses and grief. It would seem that a TCK regularly faces novelty, only some of which is assimilable, with perhaps not the capacity to reject all of what is not, leading to uncreative adjustments in a non-supportive field.

Madeleine Fogarty’s review of *Absence is the bridge between us*, published this year, notes that the book fills a gap in Gestalt literature with in-depth contributions on types of depression, aetiology and suggestions for practice. Madeleine describes some of her personal experiences
to complement her exploration of the book, which she thoroughly recommends. As she notes, the key premise is that depression is a field phenomenon, and some of the authors talk of the therapeutic relationship itself as depressing together. The term absence relates to the absence of the other, the lack of desire for the desire of the other, a giving up and not reaching out. Perhaps this could be called an uncreative adjustment where there is little possibility for novelty, rather, only routine responses and indifference to the environment. Novelty appears to be possible, paradoxically, when the therapist is able to affirm the client’s despair.

Paddy O’Regan offers a detailed review of Miriam Taylor’s recent book: *Trauma therapy and clinical practice: Neuroscience, Gestalt and the body*. He finds little to be critical of, while noting that the book is dense with information and difficult to summarise. This is not surprising given the range of material presented as implied in the title, yet with specific foci, that include case examples. Paddy acknowledges something about the author in describing the book as a compassionate and comprehensive exploration of working with clients who have experienced complex trauma. He is pleased to note that the scholarly book claims a Gestalt base, with well-known authors included in the extensive referencing across contemporary trauma literature, and highly recommends it for clinicians and students within Gestalt and beyond, and particularly for those working in the trauma field.

To now return to the notion of uncreative adjustment, Taylor (2014, p. 6) refers to “self as a system of creative adjustments [my italics],” which could be paired with personality function as a system of uncreative adjustments. As Paddy notes in his review, Taylor (pp. 49-50) uses complexity theory to illustrate a continuum between chaos and rigidity in trauma responses, which could be reframed as states with too much novelty, and little or no novelty. In joining with the client to explore this continuum phenomenologically the practitioner must be field sensitive, yet complexity theory has a sophisticated systems approach in describing the processes involved in whether change happens and types of change. Complexity theory represents, in my personal view, a novelty worthy of consideration for assimilability.

I hope you enjoy the rich ground presented in this, the first issue of Volume 12.

Alan Meara

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References


In Dialogue with Lucien Demaris

Forrest James

Lucien Demaris is a Guild Certified Feldenkrais Practitioner (GCFP) and a California Licensed Acupuncturist (L.Ac.) with a Master’s degree in Traditional Oriental Medicine and Chinese Herbology (MTOM) from Emperor’s College. He is also a USA Nationally Certified Body worker (NCTMB) trained in Myofascial Release, Craniosacral Therapy and Visceral Manipulation. Lucien has been in private practice in West Los Angeles for the last ten years. He served as Director of Wellness at RakSa, and has been teaching movement classes and workshops in California, Mexico and Ecuador since 2007. Lucien grew up in Ecuador deeply connected to the indigenous communities and the mega biodiversity of the land. He spent a four years as apprentice in the Andean highlands with Yachags (healer-shamans) from the Kichwa people, and had an eight-month initiation in the Amazonian jungle with Uwishins (healer-shamans) from the Shuar people. Upon his return from the forest, he came to Los Angeles and continued studying embodied healing and therapeutic modalities. He also trained in Carlos Castaneda’s Tensegrity® for 13+ years and served as an Associate Instructor in 2008. In 2012 he joined The Relational Center as a lead trainer. He now serves as Manager of Wellness Services and teaches Relational Somatics in the US and internationally.

Introduction

Gestalt therapy, unlike many schools of psychotherapy, began with an appreciation of the person as embodied, and fully embedded in the world. This was culturally radical; as the Western experience of the self is heavily influenced by a constellation of religious and philosophical attitudes that split the mind, body, and world for over two thousand years. This split has its roots in ancient Greek and Judeo-Christian traditions of “ascension”, or the privileging of spirit over matter (Berman 1990). In these traditions the body is associated with earthly desires and our animal nature, while the subtler mind is associated with the purity of the divine. This splitting of the world into physis (nature) and psyche (soul, spirit, mind) remains in our culture, and can been seen in our language and social institutions (Western medicine, for example, bifurcates into physicians and psychologists or psychiatrists).

In the Western philosophical tradition, this heritage coalesced in Descartes
Meditations. Descartes doubted, amongst other things, the very reality of his own body, and privileged “thinking” as onto logically primary. This perspective prioritizes a relationship to the body “as object”, a thing, and in so doing, denies the lived reality of the body-one-is-in-the-world-with-others. The originators of gestalt therapy challenged this cultural heritage, seeing the “self” as a process emerging from the relationship of the organism (body) and environment (world).

In this interview, Lucien Demaris introduces Relational Somatics, an approach that underscores the radical relatedness of our embodied self with others and with our broader ecosystem. As Lucien explains, the intimate connection of our bodies and the world is the natural attitude of many indigenous cultures. I met with Lucien and spoke with him on his recent visit to Australia.

Forested: Hi, Lucien. So, just to begin, tell me a little bit about how you have found Australia, what it’s like to be here, and particularly, how’s the reception to your work been here so far?

Lucien: I’ve been really pleased with how I’ve been welcomed here and how this work’s been received. I’m really enjoying being here for the first time in Australia and the hospitality from the people who I’ve been working with. That’s been really significant for me, and also for the work. I feel like having that open heart to experience some of the things we did in the workshop is sometimes not well received in other places, but was quite readily available here in Australia. A sense of playfulness and wanting to dive into the experience, that has been really, really pleasing.

Forested: Fantastic. Can you tell me a little about your history, your personal story and then something of what brought you to this work?

Lucien: Well, I grew up in South America, Ecuador. I was born in Quito the capital city, lived there until my early twenties. By that time my mother had divested from mainstream medicine due to traumatic experiences with Western doctors and hospitals while raising my older siblings. As a result, when I was born she embraced the indigenous medicine available to her in the outskirts of the city where the Kichwa “yachags” or curanderos lived. Whenever I had an ailment growing up, she would take me to see these healers. They would do chants to the “Pachamama” or “Mother Earth” and cleansing rituals with smoke, fire, flower water and bodywork. They would give me herbal, mud and animal blood remedies.

Every summer my mother would also send me to my uncle’s farm in the Amazon jungle. I would spend three months there every year with my cousin and the local kids. They were all indigenous, and they were my playmates. I
loved them. They seemed super-human to me. While I would wear boots and jeans and long sleeves to protect myself from all the dangerous insects and animals that I was afraid of when we would hike into the muddy, dark, dense forest, they would move easefully on their bare feet, most of the time wearing nothing. They would be able to detect the smell of water and scents of different plants and animals from a considerable distance. They would grab sometimes fish and snakes quickly with their hands and laugh.

But what is most memorable to this day from all those experiences is the love and care with which they treated me. They always made me feel that I belonged. We developed beautiful relationships.

During this time also there was an historic grass-roots uprising where the nine indigenous nations of the Amazon in Ecuador marched to the capital to claim rights to their lands and their cultures, igniting a national movement. There is intense racism and oppression against the indigenous in my country. They are made invisible by “progress.” They were then and still are being displaced by oil, mining, and farm projects. The places I played as a child are now gone. Decimated. Today they are the most powerful voices against climate change.

In my late teens, I became fascinated with learning healing and spiritual practices. Some of the relationships I had as a child led to apprenticeships later, being taken under the wing of my teachers, Maria Amagua, Hilario Chiriap and Jose Cuash.

It was from them that I learned what health really is. Their cultures embody a life of interrelationship and reciprocity with their surroundings, relating to each other, the forest, the river, the trees and animals as members of an extended web in which everything has a similar being-ness, requiring reverence, care and affection. This is reflected not only in cultural narratives but also embodied in their movements and gesturing. They made a really big impression on how I moved forward into life.

My work started there, with a sense of really understanding ourselves as part of our ecosphere, without the separation that we’re accustomed to feel in the Western world, that we’re separated from nature; that we’re in an individual experience. It is rather much more collective and much more embedded life with nature. One of the most extensive mentorships I experienced was in the Amazon jungle with the Shuar “uwishins.” I lived with them for almost a year in the south-eastern part of the country after I had dropped anthropology at college (university). The community was remarkably welcoming, their sense of hospitality, their sense of care and contact - a lot of contact, a lot of physical contact – moved me deeply.

Another thing that was very significant in my time with them is the sense
also of pushing, a little bit, the envelope of our sense of connection with each other’s bodies, specifically around - I love to say this - our body fluids. The Shuar have a cultural practice of sharing saliva communally. They believe that in the saliva there is an ancestral memory, a legacy that accumulates. They do it usually through the fabrication of a fermented beverage everyone drinks daily called “chicha”.

**Forrest:** Can you say a little more about this drink, how it is made, how it is drunk, and the impact it had on you?

**Lucien:** The women would communally cook manioc tubers and would chew them and spit the chewed manioc mix with saliva in the pot to stir with a long stick while singing beautiful ritual invocations to the ancestors. When it was ready they would let it sit and ferment in gourds for at least a day, or more if they wanted a more alcoholic drink to celebrate with. There is a special recipe when they welcome someone as a member of their village. The eldest women would prepare the drink because they believe that they are who carry the oldest “memories” and the accumulated “legacy” in their saliva. Taking the drink was hard for me at first, so different from what I’m accustomed to. But it was very powerful. Also the shaman, Jose Cuash, taught me his healing skills by inoculating saliva darts in my body and also by spiting in the Ayahuasca shots he would serve me during the apprenticeship.

What’s fascinating is that now we know that we do carry a legacy and memory in our saliva. Modern science has confirmed that microbes live in our saliva and other body fluids and when ingested and exchanged between bodies and species create a “communal microbiome” that learns and supports the community wellness and can be given to new members to help them acquire the “community’s immunity.” No different from the “colostrum” or “first milk” of the mother. And that’s how they receive you in their community. And that’s how you start the day, drinking “chicha,” and having the sense that you are part of a legacy, you are part of a heritage at even that micro level and you’re always welcome and you’re sharing this quite radical way of living.

**Forrest:** That you Lucien. That’s very illuminating. It’s also refreshingly provocative from a western standpoint, where our body fluids are so often associated with danger, disgust and separation. What more can you say about your experience there and how it informs your work and worldview?

**Lucien:** Of course, out there you’re in nature. In the jungle, there’s no bathroom, there’s no soap, there’s no electricity, so the sense of how you’re living with the ecology is quite different. The Shuar, for example, are amazing hunters and healers; they find their food and medicine in the foliage; and they can sleep soundly virtually anywhere under the night sky.

There’s also a different sense of what community means. Among the
Kichwas, for example, whenever a house needs building or a field needs harvesting, or someone is in distress or a celebration is in order, the entire community convenes to join their efforts together in what they call a minga, or communal work. The minga is the actual practice of creating indebtedness to each other, of building reciprocity and mutual support.

I’ve since done a lot of bodywork study, I’ve done Feldenkrais training, I’ve done acupuncture training, I practiced Castaneda’s “Tensegrity” for many years when I moved to the States. And even though they have been wonderful frames to inform my work, I still feel that the core of what I do, is trying to break through a Western frame with the values of how the Kichwas and the Shuar see life, how they see wellness, how they see the entanglement with one another and the planet.

For example, illness for them is something that comes as a consequence of being a little too individualistic; you’ve been separated, you’ve starting to care too much about yourself and forgotten about the community and about the natural environment. So when you’re sick that’s how the healer or the shaman will frame your wellness, try to bring you back to reflect on what has happened. What did you do maybe to some of your relatives, what did you do to the forest, what kinds of actions might have shaken a little bit of that harmonious way in which you’re interacting with the world? Was there enough affection? Enough care? Enough respect? Enough reciprocity? So that’s quite significant. The shaman helps you remember your place in the community of beings, and to restore the connection to these entities engaging and cultivating an intimate sense of belonging, in the seasonal turnings of life, of your own life within the larger life, the deep urge to grow and mature, to ripen and leave seed to the wider community, and to anticipate death as the final resigning or giving back of yourself to the elements and beings of the land-community that have birthed and sustained you.

**Forrest:** There are a lot of familiar themes in how the Shuar understand living together on the earth, and how they acknowledge the utter interdependence of things, similar to Australian aboriginal culture.

**Lucien:** I believe that all indigenous cultures keep a very old human story still alive for us. The one most connected to our ecological values of mutualism, diversity, interdependence and stewardship for life. Almost all shamans in aboriginal cultures that I know observe life closely and employ the movements of life to heal, to mend, to connect, and to remind the village of their place in the ecosphere.

**Forrest:** Okay. Thank you. So one thing that I’m really interested in about your work is how you understand vulnerability. I mean, in the modern West we often see vulnerability as a problem or a lack or something we want to
In Dialogue with Lucien Demaris

avoid... but vulnerability for you has a very different meaning. Can you say a little bit about it...

Lucien: Absolutely.

Forrest: ...and its importance in your work?

Lucien: Yeah, I think it’s quite a powerful thing to talk about because I think that as we move in our modern world, our Western world, we’re coming from this frame, as you were saying, of seeing vulnerability as the thing to overcome, the thing that makes us meek and weak, and that we need to resource ourselves by overcoming it while becoming self-sufficient, capable of not having to need anyone and not needing even the natural world. This is a delusion, in a way, because we are quite dependent on everything that surrounds us. The Western world has just created this illusion that we can depend on material things and substitute those for relationships, but that has a high cost to our ecology and its not sustainable.

What’s important, I think, is to see the story of life. When you really explore what has happened in our evolutionary history, you see this ecological frame, not of the individual species but what has happened overall, over the course of those 3.85 billion years of life’s unfolding. There is this sense that there’s always been a support for reciprocal interactions. That life has abundantly celebrated diversity and mutualism.

From the populations of the first bacterial cells through the populations of the first bodies, you see quite clearly that there is more support for diverse manifestations of vitality, of mobility and of sensitivity. By the time we arrived into the emotional development of our brains from mammals to primates we keep seeing this again—an impulse to really care more, care for our young, care for the young of others, care for our social surroundings through deep emotionality. By the time we arrive to humans, once again the ecology supports vulnerability as a complex capacity to embrace the community, to sense the whole across space and time, and even beyond. And that’s our capacity and also our responsibility.

We tend to associate the evolutionary point where humans stood erect as some kind of triumph of our superiority, like now we can control the environment and are somehow better than the other creatures that inhabit this planet. But rather what’s really happening here is that we exposed our soft underbellies. And as a human, now there is the possibility to show myself, show my face, show my emotions, show my vulnerable body to the community and to the world, in a way, to come out of a private survival experience and make everybody know what I’m feeling and what I’m sensing. To let them know that I need them.

It’s quite sad to see how the Western separation from nature has been a
negation of this, when this is the most powerful part of our humanity. So really reclaiming vulnerability as the most powerful thing that has helped us survive, and to lean on it communally is key. We want to be sharing vulnerable spaces, sharing vulnerable stories and our journeys in this life and really lean and learn. When I’m sad, leaning on a hug; when I’m happy, leaning on a celebration; when I need to figure things out, to do it with others, really making emotional and communal life the core of our humanity.

Forrest: So in what you’re saying I sense a desire to change or influence contemporary culture that excludes that sense of vulnerability and that sense of connection. I understand your work is, in some ways, about not just becoming sensitive to ourselves and each other, but also wanting to influence and change contemporary culture. Can you say a little bit about that and how that fits with your work?

Lucien: Absolutely. The main core of the practice is to really identify and understand stories of separation that interfere with our somatic experience, that rob us from our bodies and its place in the ecosphere. Then we can deconstruct common false dichotomies like the body and environment, the inside and outside, the individual and collective, the mind and body, the dependent and independent; all things that we’ve constructed from our Western way of relating to nature, separating us and negating that we are part of a larger community, acknowledging that it’s always influencing us, it’s always what’s given us even the sense of ourselves.

Our identity comes from the relationships that have supported us. Our body or our perception of anything that we like or dislike comes from other people appreciating it (or not) together with us. So it never comes from an individual place and this is quite radical. I do think that this work presents a way to think about how to change culture, this bigger container that we’re swimming in. It helps us understand the urgency that we’re being displaced from the earth by forgetting who we really our, what our real place is.

Forrest: Are there any western thinkers who have influenced your view and informed your work, that have been in concert with the world view you have taken from your experience with the indigenous culture of the Shuar?

Lucien: The western voices that I know that echo the indigenous values, and raise awareness of the relationship between humanity and the natural world from an ecological perspective, and that have strengthened my belief in its importance are Lynn Margulis, Mary Evelyn Tucker, Joanna Macy, Wes Jackson, Brian Thomas Swinne, David Abram and Theodore Roszak.

Forrest: Thank you Lucien. Macy, Abram and Roszak are favourites of mine. I’ll follow up with the others! Now I’ve a question about dependence and independence, as this goes to the centre of the popular notion of ‘separation
as maturity’

Lucien: Maybe one thing that I want to say around this is that our phobia of dependency is quite the key of what we’re trying to change. Really we are reframing maturity not as you coming out of your dependency from others, but rather understanding that precisely because you are dependent, because others sustain you, you want to distribute that dependency into bigger systems of relations. Maturity then is becoming somebody that others can depend on. So there’s that reciprocal circling of you receiving the support of others and you giving the support to others and how, as you grow and develop through life, you’re more capable, through the support of others, to give the support to the next generation or the people that need that support.

Forrest: Beautiful. So, Lucien, I know that you’ve termed your work, Relational Somatics. Can you just say a little bit about your workshops and your practice in terms of Relationship Somatics and what that might look like if someone came and did some work with you and how you interact with communities and individuals? How does it work?

Lucien: So people come to my practice first as they’re looking for some kind of bodywork to deal with different kinds of pain, different kinds of physical ailments. But what I make sure of from the get-go is really not only just relating through the hands-on work in a very humane way and really creating a relationship with the person I’m working, but also really bringing a dialogical exchange with them around how they’re depending and what are they depending on. We talk about how what’s happening in the exchange of the hands-on work is this basic way in which we were cared for as babies, we were cared as young adults, et cetera and we’re still cared by our lovers and our close friends in this way.

So I always bring that idea that a lot of the ailments that we’re experiencing come from, possibly, our unsustainable lifestyles where, because we’re striving for self-sufficiency and because we’re moving away from dependency, away from nature, we’ve forgotten to pay attention to all those places in our body that are overworking and overdoing things and they take us into those places of unsustainability and pain. Just having that really clear from the beginning, it’s about noticing that, it’s about how do we encourage, how do we promote, ways to appreciate that the bodywork is grounding us in a reflection of, “how will I begin to ask for more help”, “share my lifestyle with others”, “recruit my friends to invest in my wellness” and not just be in this individual striving?

So, I like to think of really bringing them not only into the clinical setting but inviting them into other activities like group sharing of stories and if they’re up for it, even bringing them to a much more active role into some of the activities we’re doing with The Relational Centre. So it’s a gradual way of conveying,
yes, you’re going to be receiving the support but also, as soon as you get that support you’re going to have an opportunity to contribute into the wellness of others. So there’s a beautiful way in which you’re not only just getting the support but you’re having an opportunity to give back.

So I like to think of this as a way of leaning on the organising principle of life, this reciprocal support that has been happening for millions of years of coevolution, of yes, we want to work together, we want to coordinate beautiful ecosystems of diversity by learning how to live with others.

Forrest: That’s just lovely. Thank you. Lastly Lucien, you’re not a gestalt therapist by training, but you work with and teach many gestalt therapists. Some gestalt therapists here in Australia may read this interview and some have participated in your work. What do you think about how your work adds to the thinking and practice of contemporary gestalt therapy?

Lucien: One major focus of Gestalt therapy is the body and how past emotional and relational conflicts are buried and habituated in the body. It deconstructs any tightly structured patterns, right? What my work adds to the Gestalt lens is twofold: on one hand I do not focus on the individual body patterns. The conflicting patterns are in the culture, and we are running out of time to address that bigger issue. So the goal of the practice is to change communally the “culture of tension and independence”, the “culture of no touch”, the “culture of relational conflict”, the culture of “fit-ism” and homogenization of bodies, the “culture of desensitization,” the “culture of hoarding and competition”, etc. On the other hand the emphasis is on creating somatic justice, somatic access, popular education that decentralizes the knowledge of the body. Mass trainings for everyone.

Forrest: Beautiful. Thank you, so much, Lucien.

Lucien: You’re very welcome.

References

Forrest James

Forrest is psychotherapist, supervisor, and educator. He holds a master’s degree in analytical psychology, postgraduate qualifications in mental health and sociology, and undergraduate qualifications in health education. His psychotherapy training includes body-oriented psychotherapy at the Gerda Boyesen Institute for Biodynamic Psychology and Psychotherapy in London, gestalt psychotherapy, psychodynamic psychotherapy and sensorimotor psychotherapy. He has over 25 years experience working as a psychotherapist, clinical supervisor, and manager in a variety of private, government and community sector organisations. He has worked in the fields of refugee resettlement, trauma treatment, relationship and family issues, alcohol and drug dependence, and management consulting. He has held teaching positions at the University of Canberra, Australian National University, and University of Queensland. He is currently a Director and senior trainer at Gestalt Therapy Sydney and Director of The Relational Centre Australia. Forrest has a particular interest in the synthesis of contemporary relational approaches in psychotherapy, indigenous healing approaches, neurobiology, systems thinking and their application in working with individuals, family and communities.
Falling – A Creative Process

Dr. Emilyn Claid & Dr. Lynda Osborne

The 2014 9th International GANZ Conference in Brisbane offered us our third opportunity to present Falling – A Creative Process, following workshops at UKAGP in the UK (2013) and AAGT (2014) in Monterey, California. To write now, for the GANZ Journal, we are drawing on our experience of all three events. Our presentation took the form of a workshop, the core of which was participatory embodied tasks. This paper highlights these experiential tasks, reaching towards wider fields of knowledge to contextualize the practice and suggesting clinical usefulness in Gestalt psychotherapeutic practice. Lynda has many years experience as a Gestalt trainer and practitioner. Emilyn, whilst also a Gestalt psychotherapist, has a background in dance, choreography and performance.

Introduction

More than 40 participants joined Lynda and Emilyn for the workshop, meeting in a large carpeted room in the conference centre. They invited participants to describe their expectations for a workshop on falling. The emerging terms, such as: curious, painful, exciting, resistance, fearful, apprehensive and uncertainty, indicated how people were imagining what might follow.

The word falling is embedded in English language as a term that describes a process of between-ness, of uncertainty, of unknowing, such as: fall apart, fall away, fall back, fall behind, fall down, fall for, fall in, fall off, fall upon, fall out, fall through and fall to. There are different metaphorical uses of the term falling: falling into nothingness, despair and death, falling in and out of love, falling about laughing and falling out of line, all of which suggest a liminal space and a moving process rather than a fixed outcome.

Lynda and Emilyn described how they developed the workshop together, drawing from movement practices and existential philosophy, both of which are inherent to Gestalt psychotherapy. Emilyn shared her knowledge of somatic movement practices. For contemporary dancers falling is like breathing out - necessary. Movement practices such as Body Mind Centring, Authentic Movement and Release Technique encourage falling safely, being in a respectful relationship with the ground and letting go into stillness as a physical state. Somatically, falling towards the ground is a necessary pathway for changing fixed physical patterns in our bodies, encouraging mind body awareness and
initiating physical, emotional and psychological change.

Lynda introduced some themes of existential philosophy, relevant to this workshop, beginning with Perls who acknowledged the void space as necessary movement in the cycle of contact: “And we find when we accept and enter this nothingness, the void, then the desert starts to bloom. The empty void becomes alive, is being filled” (as cited in Clarkson & Mackewn, 1993, p. 54).

Existential psychotherapist Van Deurzen writes of a need to accept death and nothingness as part of our lives. As she describes, situations which face us with these issues are also challenging opportunities. She writes also of angst and despair, as “the experience of being confronted with the abyss… It is a feeling of disappearing of being in danger, of being on the edge. It is possibility of impossibility” (2005, p. 6). Lynda mentioned Manilius, “Even in birth we die, the end is there from the start” (as cited in Montaigne, 1965).

These existential themes can be experienced bodily in a practice of falling. As Lynda pointed out: “When our clients are facing the existential void how do we support ourselves to do the same?”

Introducing the somatic movement based frame, participants were invited to explore falling safely and to recognize that falling is a necessary experience for change to occur. Therapists were encouraged to understand this for themselves experientially through the physical practice of falling. The core focus of this workshop is the embodied processes of falling - not the fallen, nor recovery where rising up becomes more important than falling. This workshop gives full weight to acts of falling in the knowledge that recovery is already taking place.

Thus a process of falling as an act in itself can initiate recovery and change.

However, echoing participants’ expectations, we also highlighted the possible consequences of physical falling, which can be painful, fearful, dangerous, and can destroy lives, communities and infrastructures. Given the consequences of falling, gravity is mocked or disregarded only at our peril. It silently and invisibly affects us with every step we take, asking us to beware, to notice and to respect.

So Falling – A Creative Process, introduces a paradox that invigorates ongoing practice and theory. Falling is potentially dangerous, painful, shameful and a source of creativity. Falling, we are victims of gravity and agents of change or, to put it differently, in falling we are submitting to gravity as agents of change. Lynda and Emilyn were aware that the embodied work of falling can trigger some unexpected responses for participants and the concomitant need to pay attention to the requisite level of self-support and to balance risk and safety in the series of exercises that are described below.
Falling to Ground

Perhaps the safest place to experience falling is lying on the ground. Participants were encouraged to focus their attention on their experience of their body in contact with the ground and to fall further into the floor. Important here is giving attention to breathing, particularly breathing out where we can experience “a letting go… and a subtle increase of rest and calm” (Ogden & Fisher, 2015, p. 377). Noticing our breathing is considered fundamental to self support in Gestalt psychotherapy.

We asked participants to consider how movement, away from the floor, is initiated. We suggested that they begin slowly, noticing how yielding into the floor is necessary in order to push away. Frank & La Barre (2011) describe how a baby yields and pushes simultaneously as two of our relational developmental movements: “In yielding, the environment provides stability; in pushing, the environment provides leverage, including the leverage needed to further investigate the environment, thus enhancing perception” (p. 26). In combination with reaching, grasping, pulling and releasing these two movements offer “essential support in finding and creating changing definitions of self” (p. 32).

The purpose of this exercise is to experience a safe embodied relationship with the environment (ground) as a vital element of living in the world. Ruella Frank describes the Moro Response, which happens when an infant first experiences her/his own weight, such as dropping backwards when his/her head is unsteady. The response is to extend arms and fingers into the world to seek support. What Frank recognizes in the Moro Response is that “before infants feel the weight of their bodies falling through space, the act of extending into the world is not readily available to them” (2001, p.85). In other words we need to experience falling before we can reach into the world. This initial exercise, Falling to Ground, encourages participants to experiment with developing a confident relationship with the ground as a support for falling.

We noticed how participants experienced the ground differently: for some it was a source of safe support whilst for others its safety was more precarious. Evidently individuals’ developmental histories and relationship with what constitutes safety and support were reflected in their differing experiences.

The task of moving towards and away from the ground encourages an awareness of our bodily relationship with falling and with the ground. Watching participants moving in this way draws to mind the words of contact improvisation dancer Nancy Stark Smith who states so beautifully, that a “fall from grace - becomes an impossible statement when falling itself is experienced as a state of grace” (1979, p. 3).

Denham-Vaughan and Chidiac take up this notion of grace in their writing about will and grace. Discussing a therapist’s presence as a practice that
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requires holding a tension between creative indifference and working towards an outcome they suggest:

It is in this combination of fully “being-while-doing” that the dialectical synthesis of ‘will’ and ‘grace’ becomes manifest. Here, ‘will’ can be defined as ‘directed action’, or taking initiative, and ‘grace’ as a quality of ‘receptivity and surrender’. (2007, p.11)

Face Falling

Developmentally and relationally, an infant learns very early on to interact with the face/presence of the other. For example, when a mother goes “still face” without expression whilst facing an infant the babe becomes upset within seconds: stillness is registered (Stern, 2010). What we are suggesting in the following task is that offering a still face or what we call a falling face to each other, as an embodied self supported state of being, allows us to notice each other differently.

In this exercise participants were invited to experiment with lifting their faces into a wide smile paying close attention to the muscles involved and possible tensions; then to release the smile by relaxing facial muscles, allowing their uplifted faces to fall. Participants experienced this on their own and with a partner. Discussing this task many participants shared their difficulty in letting go of smiling because a smile represented a socially acceptable face for them.

Writing for the themed issue of Performance Research: On Falling (2013), Emilyn refers to the sociologist Goffman, who describes keeping face as a “line” (1967, p. 5) of behaviour by which an individual is known in the world, by others and himself. To keep face is to maintain a consistent image of self in relation to others. You and I understand each other to exist through the faces that we show to each other and this line is maintained through our face-to-face responses: “At such times the person’s face clearly is something that is not lodged in or on his body, but rather something that is diffusely located in the flow of events in the encounter” (1967, pp. 6-7).

Goffman’s writing on face-to-face interaction lays a pathway for what Jacobs describes as intersubjective relations: “Self and other are an undissoluble unit… one’s sense of self is an emergent phenomenon of intersubjective relatedness” (2009, pp.135-6). Emilyn expounds on this further: “I understand my sense of self as between us, so my individual separateness is dependent on the togetherness of an encounter with you. We are dependent on one another for our independence, and through our interrelations we know our separate selves - a tension between uniqueness and relatedness” (Claid, 2013, pp.76-77). Thus, to fall out of fixed, socially accepted face-to-face responses creates uncertainty.
and unknowing in the moment of encounter with the other (Claid, 2013).

**Falling and Witnessing**

Having initially engaged in a social conversation and experimented with letting go of smiling, participants were then invited to allow their head to fall forward and to yield to the ground in as far as they chose. After experiencing doing this alone, they were invited to experiment with this task whilst being witnessing by each other.

Participants discussed how they had been affected by the task and experiences ranged from an awareness of the intersubjective quality of the experience, to profound memories of loss and experiences of an existential void. A difference in dynamics was raised by one participant, between surrender and submission. For her there was a choice between submission that suggests a conscious acceptance of falling, or surrender, which suggests falling to another’s power. In our experience strong emotions and memories are evoked when witnessing another person falling, even though that person is engaged in an awarely chosen and safely practised task. Participants shared how often the experience of the person falling and the experience of the witness were at variance.

Feelings of shame and helplessness are frequently named in this intersubjectively experienced slow physical fall to the floor. Wheeler (1997) discusses shame in the context of an individualistic model of self that traces back through Western culture. This non-relational sense of self encourages a polarized binary between superiority and shame. Interestingly, the etymological definitions of falling imply failing. In old English to fall is to fail, decay, die. So the idea that falling could be a creative source for change reverberates, not only with risk and danger but also with the affects of shame that falling/failing may conjure in Western culture. Emlyn knows this only too well from her early ballet experiences. Ballet is a physical art form that follows ancient traditions of Western classical thought and aesthetics of beauty that idolize the upward vertical line. This notion of perfect beauty is associated with goodness and morality (Plato, 1994), so falling off the vertical as a ballet dancer is utterly shameful:

> Young bodies are constructed to fit this aesthetic – to be taut, muscular and straight, with legs that unfold to a great length, spines that arch upwards and backwards… Up, up and away: chin up, tits up, eyes lifted, bum clenched, knees pulled up, stomach lifted, hair scraped back – fight, fight, fight against the falling expanse of the flesh. (Claid, 2006, p. 20)
Perhaps to avoid feelings of shame, participants wanted to fall with their partners, or reach out to bring them back to standing because of how they were impacted witnessing this act. As in the smiling exercise we want to do something, to make it better for the other and in so doing make it better for ourselves. Yet the other person may experience falling to the floor as a yielding gesture, taking support from the environment. We are unaccustomed to witnessing someone falling phenomenologically - just noticing - if falling has become loaded with cultural interpretations of failure and loss.

Support to Fall
In a familiar trust exercise, two people support a third to gently and slowly fall forwards or backwards into the arms of their partners, who will support them back to their own centre of gravity. Even though support is available there is a moment where each group member must let go and fall, a moment of uncertainty to be experienced before the support is felt. In this moment each participant “Will let slip his/her moorings and experience something like a free fall into empty space … to deal with the unknown, the as-yet-to-be experienced, the open space” (Friedman, 1993, p.112). This space holds all the risk and all the potential for change and growth.

Falling relative to Clinical Practice
The experience of seeing another fall is not a passive witnessing experience. For the witness, watching their partner fall to the ground or drop their face evokes an interactive embodied response. Mirror neurons fire in the watcher creating a virtual enactment, a sense of the other’s experience. As Miriam Taylor points out in her writing on working with trauma: “Mirror neurons are thought to be responsible for enabling us to make representations of the intentions of others… The mirror neuron system is intersubjective, part of the co-created field, and must work in both directions” (2014, p.189).

In this way there can be a direct neurological resonance that can echo the other’s experience. In this workshop we invited participants to notice these resonances, and yet the experiences of the partner watching and the one actually falling were often at variance.

Figure /ground formation relates to which aspect of our experience we pay attention. Moving from upright to falling to the ground was figural for the witness whose mirror neurons enabled empathic resonance with that process. Yet each witness also brought the ground of their own experience of falling. They resonated with whatever this evoked for them, whether this was anxiety, concern, empathy, excitement, the potential for shame or just simply noticing.

We observed the various embodied responses on faces and in body
movements as the witness experienced their partner’s fall. Just as a child about to take another risky step on a climbing wall may look to a parent and move according to that parent’s anxiety so participants shared their experience not only of being witnessed but of being witnessed by this person in this particular way. The co-created dance was named and evident: “The movement, gesture, and posture of a client deeply affect that of the therapist, and vice versa, eliciting corresponding actions in the other in an ongoing, body-to-body call and response” (Ogden & Fisher, 2015, p. 23).

As Gestalt therapists we are familiar with phenomenological exploration. Mirror neurons explain the “what” of an act – its goal-directedness. The invitation to fall provided the rationale, the “why”. Stern (2010) contends that for full identification of the other’s movement one also needs to know the “how” – their form of vitality. In these workshops participants shared the significance of the “how” of their partner’s fall. This particular workshop on falling raised varying embodied responses for both partners involved: therapy is always an encounter of safety and risk for both participants.

Staemmler (1997) advocates the importance of practicing “cultivated uncertainty”. We also know that we live with uncertainty: “This intersubjective process of joining and co-creation cannot be defined, identified or predicted ahead of time, because it occurs within the context of what transpires unexpectedly within the dyad” (Ogden & Fisher, 2015, p. 51). However, existing field conditions need to be taken into account! In Brisbane, and two weeks before surgery for a new hip, Lynda trusted herself to fall safely to the floor. Subsequently, whilst on crutches, she concentrated hard to avoid the risk of falling. At that time a sign “falling” caught her attention. It was a “class” with exercises aimed to prevent falling which included balance and muscle strengthening. People die from physical falls. Working with an actively suicidal client, the risk of that final irrevocable fall is all too present.

Support to fall can evoke a participant’s “window of tolerance” (Siegel 1999). The window of tolerance:

…refers to a zone of autonomic and emotional arousal that is optimal for well-being and effective functioning. Falling between the extremes of hyper- and hypoarousal, this is a zone within which “various intensities of emotional and physiological arousal can be processed without disrupting the functioning of the system. (p. 253)

Working with trauma the therapist tries to avoid a level of dysregulation when the client becomes overwhelmed. It is when arousal occurs within this window of tolerance that information received from both internal and external
environments can be integrated (Ogden & Fisher, 2015).

Safety is established when each person is caught and supported almost immediately after letting go. Once safety is established then the window of tolerance can gently expand assuring that arousal is sufficiently high to expand the window but not overly high to preclude integration. As a consequence, and with more practice, participants could allow themselves to fall further and, as in this workshop, experience more uncertainty before being supported back to standing. As practitioners we need to find ways to regulate how fast or how slowly to work, what is unsafe or overly far outside the boundaries of the windows of tolerance for therapist and client.

Having considered some of the risks, when may the therapist choose to support the client in the process of falling? Writing about Perls’ five layer model of neurosis Friedman (1993, p.112) restates that the impasse or fertile void is a fundamental turning point from neurosis to health. He describes working with the client at the impasse layer where s/he feels stuck or paralysed. For the client when facing the impasse,

> She is blocked by fear or the sense of danger as if his very life was threatened. To explore further seems unsafe or impossible. The fear can often be a nameless void or confusion, as if he was at the edge of an abyss. This is often the place of most potential change and growth. (Joyce & Sills, 2014, p. 124)

In this time, in which change is experienced as being so threatening, the client needs to implode: “to experience this free fall, this loss of one’s bearings, this breathlessness, the original anxiety, the fear of abandonment and death – simply to turn inwards, fold up, bend over, hold onto oneself” (Friedman, 1993, p.112).

Whilst falling, when participants moved from standing to the ground, some experiences, shared by both the active partner falling and the witness, echoed the want to “rescue” or “help” their falling partner. Goodman (1951) reminds us to avoid “premature pacification”. As therapists we are encouraged to support our clients to stay with the impasse, not to try to help or fix the difficulties the client is experiencing but to be supportive of the client’s need for authentic growth. When we, as therapists, gather our own support through the practice of falling to the ground, we are more able to support clients to stay at the impasse.

As participants experienced, our clients also present with many differing faces of what we may call falling. We meet the existential givens that Yalom (1980) eloquently describes: death, isolation, responsibility and meaning making. As Madison questions, “what happens when one person is no longer there?” (2005, p. 200). Clients bring their loss of the “other’s” face through
death or other separations – needing to learn how to be after falling into a world in which the other is missing. Another experience is vividly described by Goldberg (1997) in a case study entitled Who Am I, if I Am Not a Mother? For this client infertility faced her with a major experience of falling, not only of how she’d expected her life to be but her life meaning. Falling may also appear in the dreams our clients bring.

The need for the witness/therapist to self-support was shared by many participants. Parlett describes support as “that which enables” (as cited in Jacobs, 2006). According to Laura Perls (1992) healthy support is a position of interdependence where the person is supported in his/her situation and can balance that with consideration of others’ needs. As Jacobs (2006) writes, support is contextually dependent. What is supportive at one time and place may be counter-supportive at another. One participant gained support from choosing a known and trusted partner for the exercises and was clear that this was needed given her shame at being witnessed falling. In contrast another participant chose to work with an unknown partner as a better support.

At times the therapist may need to pay particular attention to that support which enables. In the Myth of the Untroubled Therapist, Adams describes how therapists, too, may experience physical pain, anxiety, depression, family difficulties or the basic need to earn our living. As she writes:

No-one is immune from the vagaries of life, it is simply how they are managed, how they are admitted, and how they are understood within the context of both our personal and professional lives that makes or breaks us as therapists. (2014, p. 8)

In her experience therapists often experience shame and the need to hide their own vulnerabilities and helplessness. Accepting that as therapists we are neither infallible nor invulnerable, we can experience falling/failing and reach out to the world.

Practising an embodied movement based relationship with the ground - understanding how the ground is to be trusted rather than feared - offers a way for therapists to self-support and self-care. Even in small ways, for instance suggesting to a client that s/he allows herself to drop more fully into the chair and sense environmental support from the chair, can often be a way for clients (and therapists) to safely approach a place of a safe emergency. Falling offers an opportunity for developing further the body work that Gestalt therapists already practice.
Conclusion
In the natural world, falling can happen fast and disastrously as in the earthquakes in Nepal earlier this year. This workshop supported participants to experience relational falling safely and slowly and to pay attention to their phenomenological experiences. In so doing we can recognise that allowing each other to fall is not necessarily as frightening and shameful as may be previously assumed. We can also recognize that falling, slowly and safely, nurtures an understanding of our intersubjective interactions, that to witness another falling instigates our own fears of falling, which are not necessarily our clients’. Simultaneously, knowing that we have extended our own window of tolerance for falling, allows us to be inclusive as clients fall, without losing our separateness. The instinctive desire to assist someone back up to a fast recovery can be replaced by “being with”, supporting someone to explore going down more fully. If we can accept falling as part of our daily lives and accept each other’s fallings (failings), as a source of creative change rather than despair, then we might begin to initiate a different way of working with our clients.

For some participants the risks they had identified at the outset or during the workshop were described as being at the edge of their present limitations, accompanied by a sense of anxiety. For Laura Perls (1992) anxiety as an emotion is the dread of one’s own daring: our work is to learn to live with uncertainty without anxiety. We appreciated how participants were prepared to approach such risks, find support and explore what subsequently emerged for them.

References


Biographies

Emilyn is a professor of choreographic practices at Roehampton University (London) and a Gestalt psychotherapist. Throughout the 1970s & 80s she was at the forefront of the UK experimental dance scene. In the 1990s she worked as an independent dance artist and in 1997 was awarded a PhD and published Yes? No! Maybe... Seductive Ambiguity in Dance Theatre Performance (Routledge 2006). She directed Choreography courses at Dartington College of Arts (2003-13) while training as a psychotherapist. Emilyn has a private practice in London and her internationally presented, practice led research projects interweave between the two fields of choreography and Gestalt psychotherapy.

Lynda has been involved in training and supervising counsellors and psychotherapists for nearly 30 years. After 13 years as Head of Department at Metanoia Institute, London, she stood down in 2012. She continues to enjoy training psychotherapists and supervisors at Metanoia, and in other European countries. She was the first chair of the National Gestalt Organisation, UKAGP. Lynda is an Associate Member of Relational Change and has a private psychotherapy and supervision practice. With a less busy life she is enjoying travelling to be with family, for work and for leisure. Lynda is a regular attendee/presenter at GANZ conferences.
Beanbags and Biryani: Digesting the Third Culture Kid Experience in a Gestalt Context.

Raewyn Stedman

Abstract

When people spend a significant part of their childhood living in a culture which is not their parents’ culture, they may be known as Third Culture Kids (TCKs). The experience of a TCK has an impact on their development, emotional life, Weltanschauung, behaviour and identity that is different to that of someone who was brought up in one culture. The TCK often adopts a chameleon type of behaviour and therefore is not always recognised or understood. In this paper I explore: some of the features of a TCK: their early field; the often swift and multiple changes in that field and how it has impacted on identity formation; common interruptions in the cycle of experience; the layers of repeated grief that are present; and the effect this all has on the beginning therapist who is a TCK as she engages with Gestalt therapy - yet another culture.

Introduction

Change is a given in Gestalt theory. Third Culture Kids (TCKs) are a group of people who are defined as having lived in more than one culture during their childhood and/or adolescence and therefore often experience repeated and radical environmental and cultural change. In this paper I suggest that this experience affects the TCK’s development, their identity formation and their creative adjustments. Those creative adjustments may be misunderstood in other contexts or become less useful in other lifestyles. As a person well practiced in the art of adjusting to a variety of cultural norms, a TCK may take on a chameleon aspect and not be easily recognised in society in general as well as when entering therapy.

On entering therapy and in Gestalt training, I, a TCK, have entered yet another culture. In this paper I will chew oversome of my personal experience and the experience of the TCK, examine developmental theory, consider culture in relation to Gestalt therapy, describe common creative adjustments to the sudden and radical changes of field, and consider my response to the
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experience of training in the Gestalt modality and culture.

Biryani
Biryani is well known as a dish of India, found predominantly in northern India, though it has now spread across South India as well. Its origins are Persian and it has emerged in the subcontinent “as a result of migration, invasion and exchange of cultures across the globe” (Anand, 2012, p. 1). As this “food of the gods” (Karan, 2009, p. 1) transited different places and cultures, it gained a variety of spices and other ingredients. Each area has its own version of the dish which includes basmati rice and usually a local meat (sometimes vegetables) cooked together in layers. Some ingredients may be native to the area and have been used since antiquity. Other common ingredients have come from various geographical areas around the globe (Anand, 2012; Mabberley, 1997). Biryani is, for me, a metaphor for the experience of the Third Culture Kid (TCK), a metaphor of my experience.

Third Culture Kid
A Third Culture Kid has been defined by Pollock and Van Reken (2001) as “a person who has spent a significant part of his or her developmental years outside the parents’ culture” (p. 19). Other names that are used for TCKs are Adult TCK (ATCK), Global Nomads or Military Brats. The third culture referred to is not a blending of two cultures (the parents’ culture and that of the host country), though some of this occurs, but it refers to the lifestyle of a person who has grown up highly mobile both culturally and geographically.

Like Biryani and its ingredients, the TCK has travelled between countries and through different cultures, going through a process of growth and development that has been shaped by those places and cultures, and by the very reality of mobility. The changes of field have profoundly affected the TCK’s identity and ways of being in the world. On the surface, these experiences may seem to be exotic and exciting. The other response I have frequently had when talking about my background is incomprehension. What few people see is that these experiences have lain undigested within me for many years.

As I have entered the Gestalt field and my training in Gestalt psychotherapy, I have engaged in a new way with the digestive process. For me, the beanbag has been a figural aspect of that training. In no other educational or training course have I been expected to bring my own portable form of seating, a form that has kept me close to the earth in a group where I entered yet another culture and where grounding is an integral aspect of the work.

My Story
An important way for people to make meaning and establish identity is to tell
their story. For a TCK this is of special significance as it is a story that often does not find an empathic, understanding audience, it is a story that is not often told (Bushong, 2013; Walters & Auton-Cuff, 2009). In describing some of my life experience and in identifying myself as a TCK I am letting you know some of the background that has brought me to writing this paper.

I am often asked, “Where do you come from?” This can be a fraught question for me and other TCKs that highlights some of the issues faced by us. Here I will give a longer version than I often provide. I was born of Pakeha New Zealand parents in Delhi, India. My parents were fundamental Christian missionaries. They believed that God had called them to evangelise and convert the people of India and that in doing God’s work, obeying God’s will took precedence over everything else in life.

During our time in India, we returned to New Zealand every five years or so on furlough. These journeys were generally made by ship. On furlough there were constant moves as my parents combined visiting their respective families with trips around the country to various churches holding meetings about their missionary work. After a year or 18 months of that, everything would be packed up again and we would all board a ship and sail back to the Subcontinent, leaving my new friends and our extended family behind.

By the age of 13 I had lived in over 15 different homes, moved countries five times and attended at least nine different schools. For five of those years I attended boarding school in South India, 2000 miles from where my parents lived and worked. Just weeks prior to beginning at boarding school, we had farewelled extended family in New Zealand, voyaged to India, spent a few weeks in our new “home” and then travelled for three and a half days by train the length of India to the Nilgiri Hills, where I was left by my parents. I was eight years old, my sister only six. There my younger sister and I were also separated from each other because, though we were on the same campus, we had little contact during term time. The time at boarding school was probably the most stable part of those years for me, but as the pupils were, without exception, all TCKs, school mates came and went, often with little or no warning, as their parents moved, or left for and returned from furlough. There was generally no notification of where I would be lodged, and finding myself in a new dormitory or in a different bed at the beginning of a new term was a common occurrence. As each term started, the night would be filled with the sound of sobbing. There was no adult recognition of loss, no adult comfort or reassurance, no understanding of despair. It was believed that children were adaptable. We were expected to simply “get on with it”. I did. While at boarding school we were separated from our parents for a school term and sometimes two terms at a time, a separation in excess of five months. Term-time contact
with our parents was through weekly letters.

When my parents decided to “return” to New Zealand permanently, they spoke of “going home”. It was a “homecoming” for me in name only. It was yet another transition, another complete and radical change of field that I had no choice over. I moved country and culture, lost my school friends and the staff of the school who were as much parents to me as my real parents. I lost the other missionaries who were “aunts” and “uncles” to me. I lost the Hindi language. I lost the school that had been my home for five years, one of the most beautiful parts of the world. I lost the country I loved, the sights, sounds, smells and the food. And, of course, I lost possessions.

It was commonly assumed that we children were resilient and not particularly affected by all of the changes. There was no awareness of the devastating effect of our separations during the boarding school years on our family relationships, of the broken attachments and lack of repair to relational ruptures. The influence the many changes of place, culture and relationships, and the effect of our sojourn at boarding school, on our development, sense of belonging, creative adjustments and identity was not recognised.

I noticed that my parents also struggled with transition, with leaving New Zealand and family to live and work in a country which presented real dangers to health and life itself. They never knew if the wharf-side farewells were permanent ones, if their loved ones would be there to greet them in another five years. They also found repatriation stressful and anxiety-provoking. Much had changed in their absence and they had their own adjustments to make. This effectively made them even less available to my sister and me, and reinforced, for me, the necessity to be a “good girl”, to be self-reliant and successful in my school work. I do not believe that I am being harsh in stating that there was little empathic support for my sister and me in these transitions.

In adulthood, I again moved from New Zealand. This time I settled and lived in Germany for almost a decade. My children were born there and some of my work was teaching English by immersion in Kindergartens and the first two years of primary school. In turn, I learned some of the German language and was introduced to the culture. While my children were still young we moved to New Zealand as a family with the intention of being permanently based here while the girls grew up.

**Shared TCK experience.**
The above experience is typical for a TCK, though many of the details will vary from person to person. The experiences that are shared by TCKs include growing up in a genuinely cross cultural and highly mobile world. We have distinct differences: in the host country we may look different to those around
us and in the “home” culture we may look like those around us but think and feel differently. For TCKs there is an expectation that we would eventually return to our parents’ country. Many, but not all, may have lived a privileged lifestyle in the host country with, for example: respect given them due to their nationality or race; access to luxuries and services that those around them did not share. It is also common for many to identify with a system, for example: the military, missionary society; diplomatic service; corporation or other agency that may replace family relationships and take precedence over individual concerns or welfare (Bushong, 2013, pp. 27-28). Many TCKs continue the mobile lifestyle in adulthood and may bring their children up in a milieu similar to that which they experienced themselves.

It is generally accepted that childhood experiences affect the individual’s development. I have searched Gestalt writings on the developmental effects of the TCK lifestyle and have found little of relevance. I have been struck by the assumption in most of the Gestalt writings I have read that people grow up in a stable context and often mono-culturally, unless they are immigrants who move for one reason or another to a different country and culture where they settle long-term. Little attention has been paid to those who grow up mobile, between cultures, having very different developmental cultural and life experience to that of their parents and compatriots. Writings on cross cultural Gestalt therapy generally make one of two assumptions: that cross cultural contact occurs subsequent to a relatively mono-cultural and probably geographically stable upbringing, and then, only after the first couple of decades of development have been completed, or that cross-cultural contact is the experience of immigrants who do not make multiple cultural and geographic moves.

Much of the material on TCKs comes from TCKs themselves and counsellors who work with them. Pollock and Van Reken (2001) have researched the effect of the TCK upbringing on the TCK’s characteristics and most of their findings are, of course, fairly generalised. Until recently, the TCK group has not been very visible and, due to their global lifestyle, not cohesive as a group. Therefore, in many respects they are marginalised and often not recognised. As individuals or families presenting for therapy, unless the therapist understands that their usual interpretation of what they see might not be what is going on, meaningful therapy will be difficult. Part of this is what many of us do: we are chameleons. I am used to adjusting to different cultural situations. Unless I and my therapist are aware of this, I will adjust to what I understand of the therapy culture or leave in frustration. I feel grateful to my therapist whose warmth, interest and solid Gestalt phenomenological approach has been essential to my growth and development while I have been training.

On entering Gestalt training, I had some awareness of my chameleon
behaviour. I often felt resistant to accepting as a given some of the Gestalt ideas and ways of doing things. One of the Gestalt cultural introjects is that I “should be seen”. When presented with this requirement, I could feel an acute and painful disconnect between my outer being and my inner experience. There is a paradox for the TCK, that in therapy or in training, the TCK is required to be “seen” or experienced in some way, yet it is this very chameleon behaviour that needs to be seen and valued.

Though I tend to be chameleon-like, adapting to my surroundings, not all TCKs are. Russell (2011) suggests that there are “screamers” who take the polar opposite, living in an identity that is overtly different from those around them. There are those who may be known as “wallflowers”, who try to find a non-identity and withdraw from contact.

Culture
An issue for a TCK, then, is being part of two cultures, identifying partially with both and identifying fully with neither. Many find cultural familiarity, as I do, in the identity of a TCK.

There are numerous definitions of culture and continued academic arguments on the issue (Gaffney, 2006, p. 207). Shiraev and Levy (2009) define it as:

...a set of attitudes, behaviors, and symbols shared by a large group of people usually communicated from one generation to the next. Attitudes include beliefs... values, general knowledge... opinions, superstitions, and stereotypes. Behaviors include a wide variety of norms, roles, customs, traditions, habits, practices, and fashions. Symbols represent things or ideas, the meaning of which is bestowed on them by people. (p. 4)

Cultures have both explicit and implicit characteristics. Behaviours, language, customs and traditions are visible aspects. Beliefs, values, assumptions and thought processes are the hidden aspects—like the part of an iceberg that is below the water, unseen and largely out of awareness. (Bushong, 2013, pp. 86-89; Pollock & Van Reken, 2001, pp. 40-42; Shiraev & Levy, 2009, p. 4; Bar-Joseph, 2005, p. 9).

Wheeler (2005) similarly refers to culture as “all those relatively stable features of a social group which are learned, are variable from group to group and are passed on from one generation to the next over time” (p. 3). In field theory and developmental terms, he considers culture to be an evolutionary necessity. Gaffney (2006) states, “In Gestalt terms, culture is a primary
“introject” (p. 207). It is absorbed from outside the self and becomes a set of behaviours, beliefs, values etc., and becomes internalised in some form. It is culture that produces meaning and organises the field which would otherwise be chaotic and contain overwhelming stimuli to the neurologically immature human infant. It is also the agent of development and growth, essential to individual and collective human survival and flexibility.

To return to the digestion analogy, primary cultural introjects are like the first food an infant ingests and the microorganisms that find their way into and populate their gut. I note that when examining microbial populations, a sample is “cultured” and suggest that this has more significance than just being a pun. It involves growth and differentiation that depends on the medium supplied. Our digestive and overall health depend on the flora that lines the digestive system just as primary introjects are essential to organising the field and the “digestion” of experience. Gut flora is supported, changed or limited by that which is ingested, by experience such as the type of birth an infant has had, the contact with those around them, and where a person has lived geographically (Bier, German & Loennerdal, 2008, p. 13-33; Groelund et al., 2009; Harmsen et al., 2000).

The interplay of the Relational, the Neurological and the Field

The human infant is born neurologically immature and is therefore immediately dependent on other humans for its very survival. He/she is also dependent on their caregivers for the nurturing that brings about growth and the dramatic proliferation of neurones which takes place in the first years of life. Those who are around the infant shape, prune and help connect and integrate his/her neurological system. This “experience dependent plasticity” is effected in the way caretakers foster attachment, how they mirror, resonate with, moderate affect and respond to the infant (or do not do those things). The infant also has a part in the evoked response from his/her caregivers. A calm smiling baby that will lie happily on the floor looking at a mobile and who sleeps well will evoke a very different interaction with a parent to that of one who sleeps little and settles only when actively carried. The parent also is developing as a parent in response to their infant. Therefore experience, context and cultural influences profoundly shape the developing infant and child, providing, at the same time, meaning and organisation through a dynamic interaction in which the child also shapes the relationships with his/her caregivers. It is well known that these early patterns are the hardest to change and that they are generally out of awareness (Cozolino, 2006, Ch. 6; Cozolino, 2010; Karen, 1994, Ch. 20; Wheeler, 2005; Parlett in Woldt & Toman, 2005, Ch. 3).
Negative Effects of Geographic Mobility
Western social research into the behavioural and emotional effects of geographic residential mobility and living in a foreign country shows that they may have a negative effect on long-term self-concepts, security about the future, comfort and reliance on interpersonal relationships, affect states, and wellbeing of the individual. It may also increase mortality rates overall. Among children there is often poorer academic achievement in comparison to their cohort. Behavioural problems may arise. I imagine that it is the culturally unacceptable behaviour of the “military brat” that has earned them that moniker. Among groups of adolescents who have been mobile there is statistically higher alcohol and tobacco use and higher suicide rates. As adults they tend to have lower life satisfaction overall. Those who are extraverts do much better than introverts (Oishi & Schimmak, 2010; Werkman et al., 1981). I note that these Western studies are permeated with Western values. They focus on the negative effects, issues that are important in themselves, but the studies do not describe other differences or the positive effects of mobility in childhood.

Advantages of Bilingualism and Multiculturalism
One advantage is that many TCKs grow up bilingual or multilingual. Language is one aspect of culture that both shapes and develops the individual, and at the same time carries culture and meaning (Lantolf, 2009). It both “describes and prescribes” (Shiraev & Levy, 2009, p. 61) and is value laden. Even the cadence of a language carries meaning and associations for the listener. Sapriel and Palumbo (in Bar-Joseph, 2005) wrote: “Language is not only the carrier of cultural values, but also of the felt sense of self in a particular culture” (p. 250).

An example of the deep implications of language is Buber’s use of the German words *ich* and *Du*. Having lived in Germany for many years and learned the language as a second language, I am aware that, in English, there is no direct translation of *Du*. The conventional translation to Thou does not fully express the underlying meaning and value of *Du*, nor the relationship that is implicit in the word. It is a word that is used to address close friends, the intimate Other and God. It includes a richness that the formal *Sie* does not contain. To address someone who has been on *Du* terms using *Sie* is deeply offensive, it signifies a terrible rift in relationship. In English there is no real equivalent. Thou, in standard English, tends to have an association with formality, a concept of God as a being outside of creation, far from human experience. In Buber’s influential work *I and Thou* there are many words that cannot be easily and clearly translated while retaining their full meaning (Buber, 2010, p. v - xii).

Vygotsky considered language to be one of the “tools” of sociocultural development that is acquired by the child and is necessary for their development
(Dahms et al., 2008; Lantolf, 2009). Often the TCK acquires more than one language. Lantolf (2009) states that learning a second language has the potential to re-form “one’s mental system including one’s concept of self” (p. 5). Studies of bilingual children show that, as a group, their neurological and cognitive development differs from that of monolingual children. In neuroimaging studies, differences between monolingual and bilingual children are seen in the structure of certain parts of the brain. To be bilingual the person needs to develop a way of switching from one code or language to the other. This differs from the switching that an adult who has learned a second language does. The child does not interpret or superimpose the first language thinking processes on the second language as an adult might, but instinctively picks up the nuances of the language-culture and how people relate to each other. Theorists vary in their explanation of how the child’s switching happens, but it is clear that bilingual children perform better in tests requiring switching in a variety of areas than monolingual children do. One theory proposes that bilingual children learn to focus attention and to inhibit responses that are possible but irrelevant to their context. They are context sensitive. TCKs may express their response to different cultural contexts as “switching”. To put it in Gestalt terms, the bilingual, and the bicultural person must recognise and switch between different figures arising from the same field. In speaking and communicating in a bilingual or multilingual, and therefore bicultural/multicultural, setting, the changing aspect of appropriateness is learned at a fundamental level. This may appear to lie in opposition to authenticity and an authentic sense of self (Bialystok, 2008; Bialystok, 2010; Bialystok & Martin, 2004; Goetz, 2003; Pollock & Van Reken, 2001, Chs. 6-7; Prior & Macwhinney, 2010; Yang, Yang & Lust, 2011).

**Expression**

Familiarity with two or more languages can enable switching at a deep level in the psyche, for different languages label emotions differently and give rise to different expressions of emotional experience. Expression is culturally mediated. In this and other ways language is both a socialising agent and a process. While living in Germany I saw a therapist for a while and was given the option of doing therapy in English rather than in German. Intuitively I knew that to speak in English would remove my awareness from the present, from my life and being in that context. I opted for German. Like in the first chapter of Genesis, speech calls into being. It invokes. It calls the self into being and is “the embodied self in action” (Meara, 2011, p. 21). To have a language, to have words, is to have a sense of self, a sense of community and relationship with
others. All of those will vary with the specific language used. To lose language or “to be silenced” is to lose connection, to be disempowered in reaching out, and to lose at least some of the sense of self (Martin, 1996; Shiraev & Levy, 2009, pp. 171 –172).

**Gestalt – a Western Theory**

Gestalt therapy is grounded in individualistic cultural introjects derived from its German and Jewish origins and American development. Fritz Perls and many of the early Gestaltists tended to put emphasis on individuality, on freedom of the individual, expression of emotion and a confrontational style. I recognise many Gestalt expectations, e.g., being explicit, being seen, to have derived from the German *Kulturgutor*, literally, cultural possessions. Though Fritz Perls and Goodman were interested in far eastern philosophy and practices and some of the eastern ideas have been integrated into Gestalt therapy, it remains in its foundations, a Western theory (Bennett, 2009, p. 30; Gaffney, 2006; Yontef, 1993, p. 285). Therefore what is expressed and how it is expressed have cultural expectations attached.

My personal experience of living in Germany was that I was expected to be forthright and speak my mind and, when I did not, I was met with aggression. Black humour was seriously unappreciated. In New Zealand it is often considered to be impolite or disrespectful to be blunt, and humour carries a different connotation. In my background modesty, quietness and shyness were valued, qualities that in exposure-valuing cultures are not respected in spite of being, of themselves, an expression. Though Gestalt therapy espouses horizontalism, this is not always found in its foundations, nor can it be. Some influential Gestalt therapists have, however, cast a different light and it is with a sense of personal relief that I read of Zinker’s valuing of shyness and learned of Laura Perl’s valuing of interpersonal consideration (Shepard, 2014, p. 4; Zinker, 1978, p. 111). The relational school add to this in the recognition of the co-created aspect of reality in an interdependent field.

**Differing Realities**

Gestalt therapy has, to some extent, been the meeting place of different cultures. In fact, Wheeler (2005) states that every encounter between the therapist and client is: “itself an intercultural exchange” (p. 16). In my experience of training in the Gestalt Institute of New Zealand, I have been impressed by how many of the trainees have come from a variety of cultures and of the disproportionate number who are, themselves, TCKs. To truly meet someone else, the therapist needs to know within themselves that personal experience is relative, that personal truth is not absolute.
Growing up cross culturally, the TCK is exposed to many differences in philosophical and political life view. This can result in an expanded world view, and understanding that one perspective is not necessarily “right”. The other side of this knowing is a sense of not being able to endorse a single perspective for themselves. For as long as I can remember, I have, in spite of my strict religious upbringing, had a sense that there is no one truth, no single correct or real way to see the world, no single group to which I owe my undivided loyalty. This has been, for me, a source of some suffering, confusion and uncertainty; an internalisation of the shifting ground that I lived with for most of my childhood. This shifting cultural ground is carried in my body-mind just as, after travelling for three days in a rocking, swaying train or after some weeks at sea in a rolling ship, my body carries the disorienting and continued sensations of that journey for a significant time after alighting.

In considering any theory or way of looking at things I can feel the ground shifting. This reminds me of the image I was shown in my first encounter with Gestalt theory: the Rubin vase.

![Rubin Vase](Vercillo, 2012)

For me figure and ground change, and the possibilities are not limited to two. Life is not either/or, not binary. Knowing this is, at times, useful. It is helpful in a phenomenological approach, in the Gestalt principle of horizontalism (Joyce & Sills, 2010, p. 22), and the down side is that I am unsure of where to stand and gain a sense of security or consistency. I have a human need for some degree of consistency and this has been amplified by the high degree of inconsistency and change I experienced in my childhood environments.
Change and inconsistency also impact the sense of self and identity.

**Sense of Self and Identity**
I am deliberately not going to discuss here whether or not there is a core Self. My focus, rather, is on the development of a sense of self and on identity. In gestalt and field theory terms a sense of self is formed within the field and occurs at the contact boundary where that which is “me” is differentiated from that which is “not me”. The contact boundary is moveable and more or less permeable. It varies temporally, spatially and contextually. Therefore the sense of self can change. Examples of this are some spiritual experiences of transcendence or some forms of patriotism. (Cozolino, 2006, pp. 338-339; Kepner, 2003, pp. 59-61; Philippson, 2006; Wilbur, 2001).

My understanding of identity formation is that it is a process in which that which is experienced as “not me” is introjected into that which is experienced as “me” through a complex interplay of early organisational experience, current relationships and experience, sets of values, field context, and support. Yet, paradoxically, that which is “me” is not separable from that which is “not me”. As Philippson (2006) states: “Our conscious selves …emerge from the field rather than existing and interacting in the field” (p. 62). A solid sense of identity has as a foundation a sense of belonging and an experience of strong enduring relationships: It is field dependent. Identity formation is multifaceted and culturally determined, and is based on our impact on others and mediated by culture. It is a process that occurs over time. Thus, if the field changes radically and quickly, if relationships seem always to be temporary, as they do for many TCKs, not only do the environmental/cultural values and relationships change, but the processing of the changes and identity development is disturbed and either falls to barren ground or may be truncated in some way. In one cultural mirror what is “me” and “not me” is different from that seen in another cultural mirror. In one mirror some aspects are missing from sight, in another different aspects are seen or disappear. The field changes, ground and figure configure differently. As the field changes the person may lose their established identity. This can be experienced as an existential crisis for, as Bar-Joseph (2005) states, loss of “one’s identity is the very loss of one’s life” (p. 12). In practical terms, and research shows this to be prevalent, the TCK may compensate by becoming rigid in their identity by absorbing a set of introjects as a defence, placing some aspects of self and of experience out of awareness. They can be seen as not having negotiated adolescence fully. For others, there remains a sense of never quite fitting anywhere, not really having a cohesive sense of self. This may also be in awareness or may be outside of awareness (Pollock & Van Reken, 2001, Ch. 10; Bushong, 2013, Ch. 5; Parlett, 2000; Walters &
Auton-Cuff, 2009).

**Sense of Self and Contact**
Having said this, I am now aware of the difference between having an identity and having a sense of self. Identity is the result of introjection of aspects of the field whereas a sense of self occurs at the contact boundary, is a result of an *ich-Du* meeting. As a result I feel reassured that though my identity may be different from culturally prevalent ones, and I am at times unsure of my identity, I can still be present with others, with my clients, at the contact boundary. Having a sense of self is not defined by what, and how, I attach myself to aspects of my field. A sense of self is dynamic and a result of my ability to respond to the Other and the ability of the Other to respond to me (Kepner, 2003, Ch. 3).

**Development and the TCK**
It is impossible to write about the TCK and development in an objective manner, as all developmental theories are products of culture. In referring to any specific developmental theory, we come again into contact with culture and cultural expectations of growth and development. Theories proposed by people such as Maslow and Erikson come from a Western paradigm that values the individual above the context (Gaffney, 2006). They decontextualise the individual, as if the person is isolated from their environment (Wollants, 2012). Pollock & Van Reken (2001) rely heavily on Erikson’s Ages and Stages psychosocial developmental theory focussing on identity issues and the “uneven maturity” (p. 148) they noticed in TCKs. This suggestion of uneven maturity is, I believe, more a product of Western human development theories that value self-actualisation, individuation and independence, than an actuality. It may be more accurate to state that the TCK develops *differently* from the cultural expectations of their parents’ home culture.

Vygotsky’s theories came out of a Russian culture of collectivism and he produced a sociocultural view of development which, unlike Erikson’s Ages and Stages theory, does not have distinct stages related to any one attribute. Vygotsky’s focus is on introjection and he describes development as contextually, culturally and relationally dependant where “tools”, or “cultural artefacts”, are copied, practiced and internalised through experience aided by the scaffolding (appropriate environmental support) provided by the “more knowledgeable other”. The light this theory shines upon the TCK experience and behaviour is in relation to what happens when a radical change of context occurs and the scaffolding is torn away. The TCK is unable to fully complete the internalisation of cultural tools and may take on a chameleon aspect, practicing the appropriate behaviour, complying with new social norms in an
effort to maintain some environmental support, a sense of belonging, while still internally in a naive state that is not often recognised. Though Vygotsky’s theory appears to have a field theoretical aspect, it does not clearly address the two-way aspect of field dynamics. (Crain, 2005, p. 241; Dahms et al., 2008, p. 4; Lantolf, 2009, p. 14; Ratner 1998; Ratner, 2004, p. 1-8).

Two theorists who have field theoretical approaches are the Indian Sufi mystic Hazrat Inayat Khan (1882-1927) and Russian born, USA raised, Bronfenbrenner. Hazrat Inayat Khan’s focus on development is heavily imbued with his cultural and spiritual understanding. For him, supporting the development of qualities through an evolving process of the interdependence of humans on each other and mutual influence that begins well before conception, is figural. The qualities developed form the basis of the child’s being in the world. The child is not passive in this process and the environment is of great importance in providing positive impressions, in protecting, guiding and nurturing, and in responding to the child’s active involvement. His view of development was quite different from the western focus on cognitive development, mastery, individuation, identity, etc., though some of these are a given but not a goal in themselves.

A similarity is found in Bronfenbrenner’s ecological model of human development that takes a systems approach. While he recognises cultural changes over time, there appears to be a covert assumption that the individual generally remains in the same macrosystem. He states:

...human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biophysiological human organism and the persons, objects, and symbols in its immediate environment. To be effective the interaction must occur on a fairly regular basis over extended periods of time. (Bronfenbrenner, 1994, p. 38)

What is missing in this theory, for the TCK, is clear consideration of the developmental impact of moving from one macrosystem to another and the complexities of such a move where the primary proximal processes are disrupted during childhood and adolescence and the regular interactions over a long period of time do not necessarily occur. It is here that Gestalt theory is relevant in considering relational ruptures and broken attachments, the creative adjustments that may need to be made, the fixed gestalts and unfinished business that may develop. Additionally, the risk of trauma to the TCK may be increased in a situation where environmental support has been reduced, relational ruptures are not attended to and where the child’s neurological system has been flooded with stimuli that cannot be well processed (Bushong, 2013,
The Gestalt view of development is close to Bronfenbrenner’s ecological model in many ways. Wollants (2012) emphasises the context in which people develop as essential to understanding that development, that it is a relational process that constitutes a dynamic interplay between the individual and their environment that is essentially social and dialectic. Yontef (1993) states, the “Gestalt therapy concept of human psychological development is that it is always a function of biological maturation, environmental influences, interaction of the individual and the environment, and creative adjustment” (p. 269). In Parlett’s (as cited in Woldt & Toman, 2005) words, “development is a function of the whole field” (p. 56). Not only do the infant and child develop, the whole field does. Thus change is always present and the development of a sense of self is co-created, as is identity, which develop over time. As the child grows and develops, the parents/caregivers grow and develop. For this to work well there needs to be some harmony with the child’s (and the parents’) biological and experiential growth. When there is a major shift in the field, such as a geographic-cultural move, that harmony is threatened, that is, if it ever existed. A new learning process has to be entered into if a sense of “fit” or harmony is to be established. The child must learn what is appropriate in the new context. Some TCKs have a very sketchy understanding of the more implicit aspects of culture that may lead to a sense of being a misfit, a lurking danger of shame and the attendant fear of being exposed as wrong or not belonging (Nathanson, 1994). Additionally the multiple cultural-geographic shifts involve loss on many levels and that loss involves a loss of environmental support.

Grief and Loss
Mobility and change involves endings, loss and grief. The mobility of the TCK is different from that of immigrants. The immigrant moves to another country and culture with the intention of settling down there. The TCK does not have that comfort or sense of permanence. In my childhood impermanence was, paradoxically, the only reliable thing. Change is a given in life, it is a process that is well recognised in Gestalt therapy. Repeated, rapid and radical change can be overwhelming, especially for children, and it calls for repeated, rapid and, possibly, an extreme adjustment. Human beings live within time, and processes are movement over time. When any change is not in harmony with the speed of the individual’s ability to marshal their resources in response, or if those resources within the person or within the environment are not fully available, creative adjustments become an issue of survival. This has considerable ramifications for the developing TCK child and adolescent who
is left with, often mounting, unfinished business.

For the TCK each move, each change of country, involves loss. The human species depends on attachment for survival and that attachment is usually thought of in relation to significant people in the person’s life. However it extends also to places, buildings, sights, sounds, smells, textures, food, pets, animals, festivals, religion, possessions and language. A home or a special place can provide a person with a sense of security, consolidate identity and act as an external regulator of emotional distress. Thus, the TCK repeatedly loses people to whom they are attached and who hold meaning for them, and they lose even the potential comfort of having a place where they may feel secure or a pet that provides comfort and companionship, etc. They also rarely have any choice in the nomadic lifestyle. In the repeated moves, the TCK’s parents may not be as available to attend to the child’s distress and grief, for the parents are also in transition and may be (with or without awareness) grieving, anxious or distressed. Added to this for many TCKs is the further challenge of being sent to boarding school, another break of attachment. The school environment may not recognise the significance of separation from family and the need for a child to grieve in his/her own way (Bushong, 2013; Rowling, 2011, pp. 4-5).

TCKs may have other, often unrecognised losses that are invisible to others, such as friends who already know their world, the lack of friends from early childhood, or a sense of cultural balance. They may have a loss of the world they knew, loss due to unfulfilled expectations about their return to their parents’ country, loss of special status and loss of lifestyle. The moves may involve the loss of an organisation which may be a source of identity, of special relationships and support, such as the military, mission society, school or corporation (Bushong, 2013, Ch. 4; Pollock & Van Reken, 2001, Ch. 11).

**Relational patterns**

Loss, grief and relationships are intertwined. How we enter and form relationships and the shape they take are generally culturally defined. On top of the cultural differences, the TCK’s relational experience of a series of temporary and short lived relationships can shape their enduring relational patterns. For the TCK there is often a pattern of unrepaired relational ruptures. Departure can become the remedy for difficulties. Skills in resolving conflict may not be well developed. Therefore sustaining healthy relationships may be difficult.

In a new situation, the adolescent/adult TCK can jump into relationships and become prematurely close to others without the culturally defined steps of a slower approach, testing out and negotiation. This is based on the lived experience of having developed attachments that have been repeatedly ruptured and not satisfactorily repaired. There is a kind of desperation, a
“seize-the-day-because-tomorrow-you-might-not-be-here-so-let’s-make-the-best-of-now” kind of attitude. This is culturally appropriate for travellers of similar origins who meet in strange places. While staying in Agra last year we met a New Zealander. Our level of personal sharing was considerably in excess of the amount of sharing we would have engaged in if we had met in New Zealand. This is instant intimacy which fulfilled our need for company, a sense of connection and someone with whom to share a meal in a place that was not fully familiar to us. However, in a more stable situation, this way of being may result in avoiding loss and real intimacy.

The polarity of jumping in is withholding. It may be a creative adjustment that alienates others. The adolescent/adult TCK may look very independent, arrogant or seem unfriendly. In the light of the temporary nature of relationships, withdrawal is a kind of avoidance of loss and rupture, a prophylactic stance. The fulfilment of a need for relationship is sacrificed in the avoidance of pain and grief, for within the TCKs immediate field following a move, there may be a lack of recognition of their losses and grief, they may not be met with empathy or support. Unfamiliarity with cultural norms also may play a part in withdrawal. Additionally forming a relationship with non-movers may be overwhelming and frightening for the TCK who is used to temporary or long distance friendships (Bushong, 2013, pp. 114-115; Doka, 2002; Pollock & van Reken, 2001, Ch. 9).

Lookalikes
It is easy for the TCK to be misunderstood as their world is often not seen. Their significant differences may be invisible unless the therapist looks a little deeper and works phenomenologically. Bushong (2013, Ch. 4) makes the point that in presenting for therapy a TCK may appear to be depressed or anxious. This may indeed be clinical depression or an anxiety disorder, though it is also important to recognise that depression and anxiety may be the face of grief. Bushong (2013) also states that TCKs may often present with what looks like Post-Traumatic Stress Disorder (PTSD) (Ch. 8). Some TCKs have a history of what is traditionally thought of as traumatic events such as having lived through a war, having witnessed fearful events or having been sexually abused or physically threatened. However loss is also traumatic. Loss is an injury to the self, a threat to existence, because human beings rely on relationships with others, with the environment, with animals and objects to survive. If allowed to grieve, the person can recover from that injury, but if the grief is disenfranchised, if there is an absence of empathic attunement, and if that is repeated, the person enters a cycle of arousal, unsuccessful discharge of that energy, feels fear and helplessness with resultant immobilisation—they become traumatised (Doka,
This cycle of loss and trauma can be compounded by what Smith and Freyd (2014) call institutional betrayal. This is when people trust or depend on an institution for their welfare and that trust is violated. Institutional betrayal can take the form of the organisation ignoring the situation or being unaware of it. It may actively create harm, sometimes in the service of individual or organisational self-preservation, sometimes due to a belief system that does not support the human needs of its members, possibly due to systemic errors, or simply from a lack of resources. This type of betrayal is a major factor in the creation of PTSD.

**Conclusion**

As I have entered each new culture, I have entered from an unknowing, inexperienced, naïve position. Transferentially this can be childlike and evoked in me a return to early developmental creative adjustments. As I began Gestalt training, I again entered a new culture.

I arrived at my first Gestalt workshop at dinner time. Walking into the refectory, I was immediately transported to my first day at boarding school. The trainers sat at a separate table, just as the most senior staff members did in my childhood. In this new group, where I initially knew almost no one, in this new culture, I have eaten and digested not only the food shared in our workshops but also the food of Gestalt. I have re-examined some of the preserved supplies that I have carried with me through many countries and cultures and considered what was useful to retain and what not.

As I graduated I packed up again, shouldered my beanbag and moved on. I faced yet another transition. What have I chewed over and spat out and what have I digested and assimilated of the Gestalt culture? One of the things that evokes disgust in me is the “Gestalt Prayer” (as cited in Shepard, 2014). It derives from Fritz Perls’ strongly individualistic and idealised self-sufficiency and independence. This attitude was more or less supported by Western developmentalists. It feels cold and uncaring to me. It reminds me of the unsupported abandoning carelessness of my past and that part of myself that is cold, callous and uncaring. It also reinforces my predominantly retroflective style, my tendency to withdraw from contact and therefore my felt sense of alienation.

During my training I have been privileged to have met people who have cared for me, who have challenged me, who have persisted in forming a relationship with me. They have helped me to begin to move out of my isolation and have set my feet on the path to greater self-compassion and deeper awareness.
Awareness is no glorious thing. At times I experience it to be painful. Of course it can be painful to bring that which is out of awareness into the light. I have placed aspects of myself away in my dark corners in an attempt to avoid the pain, but the pain has not vanished. I have become aware of how those hidden aspects of myself have remained there in a fixed gestalt sapping my life energy. The thing that begins to make this journey and the pain bearable for me is relational contact and compassion. They have affected my very being and brought healing. I have been blessed during these years of training to have had people around me who have had compassion for me: my therapist, trainers, fellow trainees, and my clinical supervisor. There are many others also within my field, especially the TCKs, who have been part of my life in the last years and shared warmly and honestly. In this warmth I have been nourished and able to grow, been able to risk being less defended and more open. I feel deep gratitude.

Some years ago I helped build a traditional Native American sweat lodge and took part in a healing sweat led by Ai GvdhiWaya (Eileen Nauman). On entering and leaving the sweat lodge we used the Lakota words: Mitakuye Oyasin. The words literally translated are “All my relations”, meaning “we are all related” (Ai GvdhiWaya, 1977, Ch. 4). That is what I have learned, experienced and felt in my embodiment in the sweat lodge of Gestalt training. This sits well with my understanding of field theory and the practice of Relational Gestalt. It is paradoxically both very simple and complex. I live and grow, develop and change, in a context in which I am imbedded, that I cannot not be part of and that is ever changing. And we are all related.

How does all of this apply to my work as a beginning psychotherapist? I have a rich life experience. I have a wide knowledge base, or as Russell (2011) puts it, “diverse stocks of knowledge”. I have an inner knowing of the cultural effects on the organisation of my field and that each person’s reality is both true for them and relative. I am sensitive to context. I live much of the time in transition. I realise that though my identity is not always solid, I can still be a solid presence for my clients. As I attend to unfinished business, to my grief, within my current field, I am learning to be more self-compassionate. I am allowing others to come closer to me, to see me, to see my isolation and otherness. In doing this I become less isolated and recognise more of what we share and gain a clearer sense of my Self. In this way I become more available, more contactful, more compassionate, more real and, when appropriate, more challenging with my clients. I allow my clients to affect me (which they do anyway even if I am not allowing of them). I am embedded in their field, they are embedded in mine.

In writing this I have the hope of shedding some light on a figure that has
not been well recognised, on the cultural aspects of developmental theories that produce expectations and often deeply held, culture specific introjects. It is my hope that the TCKs who come to therapy, those we meet in other parts of our field, may be recognised and graced with compassion, understanding and support. I hope that their grief may be acknowledged, be given space and light and their experiences be given the opportunity to be digested, just as my journey through Gestalt training increased my awareness of cultural introjects and of the introjects that have been handed down to us by the founders and teachers of the art of Gestalt psychotherapy.

Mitakuye Oyasin

References


into counselling the globally mobile. Indianapolis, Indiana: Mango Tree Intercultural Services.


Book Reviews

**ABSENCE IS THE BRIDGE BETWEEN US.**

Madeleine Fogarty


For over a decade now psychology has been looking beyond the paradigm of Cognitive Behavioural Therapy for a wider understanding of depression and its causes (Mansell, Harvey, Watkins & Safran, 2008). By extension there has also been much interest in treatments for depression that recognize the affective dimension of a condition the World Health Organisation (WHO) has predicted will soon become the most pervasive disability in Australia, depression affects over 20 per cent of adults either directly or indirectly during their lifetime (APS, 2015).

What happens when we read these statistics? Is the response a familiar brushing off of a number that has no valence outside a mental health bureaucracy? Or is it a recognition that the prevalence of depression is so high that all of us are personally afflicted? As I write this review I am coming to the end of the first year of my father’s acute depressive psychosis. Like many psychotherapists I have suffered from my own depression. And in reading this book I thought about the pervasiveness of depression in my wider family as well. Every day in my clinical practice I sit with clients experiencing despair, hopelessness, ennui. And yet there has been something disruptively relentless in being part of the depressive field of my father’s acute distress and endless negativity. Why is familial relating to depression more unsettling than professional relating? Was there something in Absence is the Bridge Between Us, that might shed new light on depressive experiences?

The major premise of the book, which is broad and deep with clinical wisdom, is that depression is not an isolated phenomenon experienced by an individual, but a condition emergent from the context of an under-resourced field. The concept of self as organism/environment, first proposed by Perls, Hefferline & Goodman (1951), is developed by the authors of this collection, into a radical relational clinical approach. The patient is not depressed (in the
conventional Cartesian self in isolation mode); rather, according to Roubal (2007), the therapist and client are “depressing together”, and in this book:

The therapist is not engaged in a relationship between a healthy functioning professional and a depressively disordered client. Instead both client and therapist participate in distorting processes at the contact boundary by detaching from the constantly co-created fabric in-between, which connects people to the world and to life. (p. 207)

Not all of the authors in the collection elaborate on this co-experience to the same degree; but excellent contributions from Margherita Spagnuolo Lobb, Gianni Francesetti and Jan Roubal underscore a commitment to deep phenomenological co-experiencing of the contact boundary shared between therapist and client. It is this aspect of clinical practice that Margherita Spagnuolo Lobb, in her introductory chapter, is determined to share with the psychotherapy world within and beyond Gestalt Therapy. Spagnuolo Lobb characterizes depressive experience as a lack of desire for the desire of the other (or the absence of the other). In other words the depressive has given up on reaching out towards others, or the environment, and expresses no hope, no care, nothing. And yet the expression of absence is a something to which therapists may become attuned and work with in a “now-for-next” approach (Spagnuolo Lobb, 2013). Spagnuolo Lobb claims that the reason for the increase in the prevalence of depressive experiences is the isolation and lack of relationship bought about by the lack of protective, caring relationships and the globalisation of communications (p. 52). Consequently she poses the situational perspective of Gestalt and its focus on the “suffering of the between” as an approach that may alleviate the rise in depressive conditions.

Somewhat literally I adopted this approach to reading the book itself. With genuine curiosity I wondered what it might be like to be reading about depression whilst engaging in the depressive field to which this book is hoping to make a major contribution. When the book explored theoretical frameworks including attachment styles, developmental theories, the bodily experience of depression, similarities and differences to the psychoanalytic tradition, convergences and departures from the DSM and current contributions from neuroscience, it was difficult to feel sufficiently to engage in this endeavor. But when the authors presented clinical examples I found myself deeply affected by the clinical encounters. How might this approach differ from that which I practice as a Gestalt therapist? It seems to extend the practices of dialogic inclusion, confirmation and presence (Buber, 1952) or Donna Orange’s notion of “clinical hospitality” (2012) to another plane, in which my differentiated
sense of self melted away. (Which reminded me of occasions when sitting with my father). I could more acutely sense the murmuring of desire to reach towards the other and was less tempted to fill the space with phenomenological observations, or alternatives such as promoting optimism in the other by “trying to change clients’ attitude towards themselves and the surrounding world, or to divert them from their current depressive experience and focus on pleasant and positive aspects of life” (p. 206). Yet I wondered how I would manage to sustain such an approach without risk of burnout?

This question was addressed in Roubal’s claim that attunement to depressive environments is risky for burnout, “but also reversely as natural and inevitable for the treatment of depression” (p. 217). There is a risk of emotional contagion when the attunement is “unconscious” rather than more aware, in which case “the attunement can be cultivated for the client’s benefit” (p. 217). The chapters by Francesetti and Roubal provided some methodological detail about how this attunement might be cultivated. In particular, Roubal’s model of the depression co-experiencing trajectory was useful in identifying processes that commonly occur between therapist and client in the depressive field. Various presentations of depression (including narcissistic, borderline, melancholia) were explored in their uniqueness. Further elaborations were offered in ensuing chapters on Postpartum Depressive Experiences, Childhood Depressive Experiences, Depressive Experiences in Adolescence, Depressive Experiences in Old Age, and Manic Experiences. These chapters fleshed out the contextual ground from which the specific experiences of depression emerge, and yet still left me a little puzzled as to how to proceed past a meeting place at the contact boundary from which I might possibly suggest to a client (as one therapist described in the book does): “you should see a psychologist!”

Owning the difficulty of sitting with the depressive experience is a demonstration of presence (Buber, 1958). And is key to a deeply relational experience, in which the client feels unburdened by the need to “get better” and instead to be recognized in the bleakness of their situation. In her introduction to the book, Lynne Jacobs describes such an encounter, where she began to doubt her capacity to sit with her client’s anguish and desperation and finally admitted she “had abandoned her because she found the depth of her pain unbearable” (p. 21). Paradoxically this was the turning point of reconnection. The client felt deeply understood. This kind of example is repeated throughout the book reminding us of the freshness that can emerge when shedding the need to “heal” the situation, and instead sharing the dilemmas and frustrations of the field. Jacobs departs from the authors’ use of the term, “the suffering of the field”, as she argues that the field as such does not suffer, though it may experience impoverishment of resources such that “those who care for the
sufferer also suffer” (p. 20).

And this is the challenge that I was left with: how to be with the other, who is unable to extend themselves towards otherness, without (unduly) suffering? How to stay at the boundary of depressive contact that swallows time and space with anguish, without retreating into encouragement or deflection, and hold the “presence of an absence” without being seduced by the lure of depression? (Kristeva, 1989).

It seems important to distinguish here between an approach to contact as the constitution of self, and an approach to that same contact boundary that underscores the simultaneous formation of two selves at the contact boundary. Our awareness of the contact boundary is an awareness of the style of contact that occurs between therapist and client, it is not attributed to an individual, (as is made clear by the authors of this book) and yet some awareness of the self and other anchors our capacity to hold the whole in the clinical encounter. Those selves, the client and the therapist are in the same moment and the same field together, but their experiences are different. And it is the awareness of that difference, and the holistic perspective that allows for that difference that protects us, as therapists, or family members in the depressive field, from falling into the vortex of hopelessness that characterises the depressive experience. It is perhaps when we are “spontaneous” or unaware of our attunement and this difference that we run the risk of greatest suffering. What I then realised was that the unsettledness of the depressive field with my father differed from the more boundaried encounters that I have in clinical practice, because in the clinical setting I am both more aware, and more able to hold onto myself and the wider field conditions that are the ground for contact. By applying increased awareness to my personal situation I was able to be with my father without losing myself!

This book offers an original perspective to those working in psychology and psychiatry in its emphasis on the psychopathological field, rather than the individual. Significantly, it is the first book to be published that focuses Gestalt approaches to Depression. Some of the articles have been published elsewhere (Francescetti, Gecele, Roubal [Eds.],2013), but bringing the collection together to investigate the most pervasive disability of our time is both consolidating and reaches out to the broader psychotherapy community. Gestalt practitioners may not encounter this perspective as original but rather as a deepening and development of this perspective in relation to depression. Some of those developments may challenge Gestalt practitioners, and others may affirm the efficacy of a relational approach that has been offered since 1951, and which has gradually been taken up in more systemic and process based perspectives on understanding and working with depression. I thoroughly recommend it.
References


Madeleine Fogarty MA, Dip Ed., Advanced Dip Gestalt Therapy, Grad Dip Psych (Hons). Clinical Member PACFA and GANZ.

Madeleine has been working as a psychotherapist in private practice in Melbourne for the past 15 years. She recently completed honours in psychology and was surprised to find that Gestalt therapy rarely featured in in university courses, and was even more absent in psychology journals. Madeleine is currently undertaking her PhD in psychology at Swinburne, where she had hoped to do a comparative study involving gestalt therapy. It was then that she learnt of the need for a fidelity scale for gestalt. This project has enlivened her practice and introduced her to the depth and richness of gestalt thinkers both past, and especially present.

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Book Review

TRAUMA THERAPY AND CLINICAL PRACTICE: NEUROSCIENCE, GESTALT AND THE BODY.

Paddy O’Regan


Introduction

Miriam Taylor, in her book Trauma therapy and clinical practice, has produced an excellent and important contribution to the Gestalt and trauma literature. Many of the contemporary offerings in the field of trauma by authors such as van der Kolk, Briere and Odgen draw on concepts that are very familiar to Gestalt therapists.

I was very pleased to see this work that claims a Gestalt base as well as drawing from other congruent and contemporary literature.

This book is a compassionate and comprehensive exploration of working with clients who have experiences of complex trauma. Taylor shows deep care, understanding and compassion for victims of trauma. She takes time to explain the lived experience of clients who present with this debilitating condition. Furthermore, Taylor recognises the embodied and physiological experience of trauma and that “physical body is a dwelling place, the center and ground of our being and humanity” (p. 133). Taylor offers a compelling argument of how this dwelling place is deeply impacted by trauma and at times the therapist is the only person who carries hope for the client in the therapy room.

Significant and relevant literature has informed the ideas in this book. Some authors have been especially influential particularly the Boston Change Process Study Group, Cozolino and Delisle as well as relevant Gestalt authors. Taylor has contextualised the genius of Kepner’s (1995) “Healing Tasks Model” within contemporary theory. The comprehensive nature of the literature and the coherent practice implications discussed in this book make it an important scholarly work, within and beyond the Gestalt tradition.
As mentioned earlier this is a comprehensive book that builds the argument for relational and embodied therapy based on classic Gestalt theory alongside contemporary relational practice and neuroscience. I had the feeling that the author wanted the reader to know the depth of the knowledge she has discovered about the subject. This excellent goal requires the reader to stay with the material throughout the book, as it becomes contextualised into practice. I needed to revisit ideas and reread sections, not because they were inaccessible but that they were dense with material.

The book is most suited to readers who have some basic knowledge of Gestalt theory, although each Gestalt term is highlighted in bold and explained in a glossary. I believe this is essential reading for Gestalt clinicians and certainly for those working with trauma. Trauma clinicians outside the Gestalt tradition will benefit greatly from this work and students of Gestalt practice would find this work valuable.

Part of the role of a book review is to offer a critical view of the work. In this regard I have little to say. I hope that a follow up book is planned that would explore in more detail the later phases of trauma work and develop the ideas of working with narrative and integration further. I believe Gestalt therapists can benefit from some grounding in cognitive reprocessing work with the important caveat that safety, security and bottom up processing take precedence and are the most important therapeutic techniques in this field. That said, this book fills an important gap in the literature.

The remainder of the review will offer a summary and structure of the book. The comprehensive nature of the book made this summary difficult. Every paragraph has valuable material and I have lost something of the book’s gist in my attempt to draw out highlights.

The structure of the book.

**Introduction.**

An introduction sets out important principles, which underpin the focus of the book. Taylor outlines a critique of Cognitive Behavior Therapy particularly its ‘top down’ focus on thoughts rather than the embodied experience of trauma. She also positions the book as focusing on complex relational trauma rather than single trauma or uncomplicated trauma. She asserts the embodied nature of trauma and argues for a relational and technique informed Gestalt practice. James Kepner’s contribution to trauma in Healing Tasks (1995) is acknowledged and the model outlined is regarded as a work of genius and particularly notes his argument for phased practice, which is ubiquitous in the trauma therapy literature now (Ogden, Minton & Pain, 2006; Pfluger, 2013;
Steele, van der Hart & Nijenhuis, 2005). She concludes with the emerging contribution of neuropsychology to the practice of trauma therapy and how many initial ideas of the Gestalt pioneers are being vindicated.

The rest of the book is organised into three major parts with four chapters in each: Enlarging the field of choice; At the limits of Self; and A relational home for trauma.

**Part One: Enlarging the field of choice.**

In part one, Taylor begins with a critique of the paradoxical theory of change (PTC) in relation to trauma. Here, Philippson’s (2005) argument that the assumptions underpinning the PTC do not yet exist for people with complex trauma presentations is developed. Furthermore, it is argued that initial work needs to be done to support the client in order fulfill the conditions required the PTC. It is suggested that the phased approach to trauma work allows for this way of working.

Chapter two draws on important concepts in trauma treatment such as the triune brain and the relational brain, and argues for an integrated model for change. This model proposes preliminary work that is relational, compassionate and cognisant of the relational and neurological reality of trauma. The early phases of Kepner’s models are referenced as a useful template to begin with. Part one continues to set the scene for working with trauma by drawing links between classic Gestalt principals and our current understanding of the way that trauma is processed. We are reminded of the principles of the cycle of experience as the process for figure formation out of the ground. Taylor notes that clear figure formation for traumatized clients is undermined by rapidly changing, undifferentiated figures or figures which are vague and formless. Figures that do emerge are trauma related and unable to emerge afresh from ground. It is suggested that good trauma therapy works to build stable ground from which new figure can emerge: building a broader field that includes more than the traumatic material and allows other figures to emerge. Taylor discusses creative adjustments as the way to organise experience. Traumatic symptoms such as disassociation are regarded as creative adjustments and the best possible way clients have to deal with their experience. These come at a price and can be fixed and rigid processes. Taylor suggests complexity theory as a lens to view the process of trauma response. As a system gets stressed it moves away from complexity to the polarity of rigidity or chaos. Within this theory there is potential for the therapist to support the client to find the edge of chaos (aligned to the safe emergency), which is the window for intervention and a fluid state between the polarities. Taylor goes on to acknowledge the values of using the resources of the embodied self and building self-agency.
Part one concludes with two chapters referring to working with arousal. Important principles of the therapeutic window are introduced as well as a good explanation of the function of the Autonomic Nervous System (ANS). Several valuable strategies to stay within the therapeutic window, and support clients to move out of hypo arousal and hyper arousal, are outlined. Part one concludes with some discussion of working with Babette Rothschild’s (2000) dual awareness and mindfulness skills in supporting the client’s recurring there and then (and here and then) experience of trauma to be experimentally processed in a deliberate here and now.

Part two: At the limits of self.
Part two is organised by describing common issues for trauma victims within the context of Gestalt and other contemporary theoretical perspectives, and suggesting Gestalt informed interventions to support healthier ways of experiencing. A case study is presented to illustrate these ideas.

This section begins with a discussion on the experience of fear and triggers for people with trauma. Traumatised clients live constantly in a state of fear, which creates hypervigilance. In this state triggers leading to a dysregulated state are common. Taylor draws from neurobiology to discuss fear and links this to survival based experiences explaining mobilizing and demobilizing defenses through the lens of fight and flight as well as referencing “freeze, flop and friend” (p. 100). The first chapter in part two concludes by encouraging safety and stability in the therapeutic process. This is achieved by establishing a real embodied sense of safety, through top down processes such as safe place visualizations and slowly working with the senses, as well as bottom up processes. This approach uses all senses to build resources with the client. This chapter highlights that safety is the core feature of recovery for clients and ends with a case study that is developed further in subsequent chapters.

Part two continues to discuss the common experience of fear and helplessness in trauma. These experiences are developed in a Gestalt model aligning helplessness to immobilisation as a creative adjustment. The Gestalt theory of mobilizing a figure into action is compared with the common experience of trauma victims moving into helplessness and immobilization. This immobilisation is differentiated from resistance, stuckness and impasse. This section explores the consequences of this immobilisation/helplessness including loss of control, an external locus of control and shifting responsibility to others. Here, Taylor draws somewhat on Pat Odgen’s ideas (see Ogden, Minton & Pain, 2006) to suggest graded and phenomenological ways of encouraging embodied movement to mobilise agency, autonomy and process material. The common experience of anger is seen as a useful, needs based...
process supporting need fulfillment.

Disassociation is diagnostic in PTSD (Nijenhuis, 2004). Consequently, Chapter 8 offers a comprehensive discussion of disassociation. It is understood as a biologically driven embodied contact style and is, in Gestalt terms, on a continuum with desensitisation. Disassociations result in a fragmented self. Taylor draws on The Structural Dissociation Model (Nijenhuis, van der Hart & Steele, 2006), which explains the fragmenting of the self and consequent disconnection between these self states following complex trauma. This fragmentation is seen as a creative adjustment and are resources to the client. The concept of a healthy functioning self is applied to this model, which accepts the possibility of an enduring unaffected aspect of self.

The chapter continues by noting that attention to the present is on the polarity with disassociation. Consequently, practices of contact with the self in the present, as well as supporting the disassociated parts of the client to come into awareness and into a complex whole are recommended. This process can be supported in a ‘bottom up’ way through graded experiments in awareness of the core of the body to support the client into a present focused embodied self.

Taylor acknowledges the common experience of shame is a given with trauma. Chapter nine explores the common experience of shame and situates it through the lens of trauma. Shame is related to the self and this chapter explores complex ways in which it is experienced. Chapter nine and part two conclude with a discussion of shame as a relational and embodied experience. Issues or self-harm are discussed and working with acceptance, forgiveness and gratitude in a paced way is suggested as the way to support clients.

**Part three: A relational home for trauma.**

Part three distills the concepts in part one to provide a frame for a co created relational practice.

In chapter 10 “The role of the therapist”, Taylor draws on the discussion in earlier chapters about PTC, poly vagal theory and locus of control to illustrate the issues a therapist needs to attend to in working with trauma. The therapist is asked to take responsibility to the extent the client is unable. Psycho-education is seen as a valuable tool and creative indifference is suggested as a useful relational position to support clients. The relationship is established by being relational and insistent on the phased work of stabilization, safety, building self-functions and resources, before working through traumatic memories. This chapter includes important information on working with transference and in particular, useful information about the therapist’s role in supporting emotional regulation through the theory of the “window of tolerance”. The window here is seen as relational process mutually regulating client and
therapist experiences. The roles of creative indifference and change agent are seen as polarities the therapist works along to support the client regulate into the window of tolerance. A valuable summary of the therapist’s roles in regulation is tabulated in Figure 10.1 (p. 181).

The final chapter is “Transforming relational wounds”, and here, Taylor examines the therapeutic relationship through attachment theory. Recovery from trauma requires the shift from disorganized to secure attachment patterns. The point is made that attachment patterns while tending to sameness are not rigid. This provides hope that a regulating therapeutic relationship can support a shift in attachment style. In this chapter the inevitable issue of rupture is explored and the deep therapeutic value of repair. This includes both parties staying in the process of working through the “mess” of clients enacting relational wounds. This chapter and the book conclude with comments regarding the value of narrative and integration as well as the benefit of embodied and graded processing of slivers of memories.

References

Biography
Paddy is a co director of Gestalt Therapy Brisbane. He is a social worker in private practice and works with individuals, couples and organisations and has worked extensively in the field trauma. He enjoys practicing Aikido whenever he can.
10th International GANZ Conference 2016

We are pleased to announce that the GANZ Conference for 2016 will be held in Canberra, ACT, Australia, on 7th, 8th and 9th October 2016. The conference location, University House, is in the cultural precinct of New Acton featuring restaurants, modern hotels, cinemas and galleries. It will be Spring, and nothing expresses Springtime more colourfully or joyfully than the Internationally renowned Floriade Festival, which is situated between the Parliamentary triangle and New Acton. So we invite you to come and have your senses stimulated and contribute to the ‘excitement and growth’ happening at the GANZ 2016 International Conference. All three days attendance will offer you 21 hours of professional development credits.

It is with much pleasure and excitement that we announce our Keynote Speaker as Margherita Spagnuolo Lobb, Director of the Istituto di Gestalt HCC Italy (Siracuse, Palermo, Milan): Post Graduate School of Psychotherapy. Margherita has edited 7 books, authored two books and hundreds of papers and chapters on various aspects of Gestalt therapy theory and method. Her most recent book is The Now-for-Next in Psychotherapy: Gestalt Therapy Recounted in Post Modern Society (2013).

Meet Margherita and register early at an informal gathering on Thursday evening. Details to follow.

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