

## Am I Bovvered? A Gestalt Approach to Working with Adolescents

### **ABSTRACT**

This article describes a Gestalt approach to working with adolescents in an NHS child and adolescent mental health clinic. The importance of a dialogic phenomenological relationship is emphasised, as well as an experimental attitude using age-appropriate practical tools. The functional role of anger in helping adolescents disembody from the family field is illustrated with vignettes. A longer case example shows work using creative arts modalities with a school phobic boy disabled by panic.

Key words: CAMHS, creative arts modalities, music, fathering,

“ I can't be bothered to miss you anymore  
Month twelve, day thirty-one and hour twenty-four  
I used to think if missed hard enough you'd come back for sure  
I can't be bothered now to miss you anymore”  
Miranda Lambert

*NB For confidentiality reasons names below have been changed.*

### **Bovvered?**

I have chosen to use the surly teenage character Lauren, made famous by British TV actress Catherine Tate, as a *leitmotif* for this article about some of the troubled and troublesome young persons I work with. Lauren readily picks quarrels with everyone. When confronted about her behavior she begins her long, haranguing reply with the retort: “Am I bovvered? Does my face look bovvered?” (In other words, ‘do I give a damn?’)

Lauren strikes a chord with many because she represents contemporary, disaffected youth, whose acerbic manner often leads to awkward, uncomfortable exchanges, particularly with adults. In her mouthy assertions Lauren demonstrates machismo rather than cool. As this article shows there are male equivalents of Lauren and Laurenites can be found in other cultures. Meanwhile in England the term ‘bovvered’ has entered the vernacular.

As a social worker I counsel children and their families at an NHS Child and Adolescent Mental Health Service (CAMHS) in the South of England. This is a specialist multi-disciplinary team that blends psychiatry, nursing, family therapy, social work, art therapy, and psychology and psychotherapy services. Our task is to assess and treat troubled under 18's referred by doctors. These youngsters present with a range of emotional, and behavioural difficulties of varying complexity and risk, including self-harm.

This article describes some of my work in the CAMHS setting. I work with children and adolescents individually, sometimes in groups or with their families. I also see parents and offer consultation to school nurses.

I originally trained in social work and worked in adult psychiatry for fifteen years. I joined the CAMHS team in 1995 and simultaneously began training as a counsellor and subsequently as a

psychotherapist. As a Gestaltist I bring to the team my understanding of contact and field, a process model of self and a dialogic phenomenological stance (Yontef 1993). From Violet Oaklander I learnt to incorporate expressive and projective techniques from creative arts media into my Gestalt work with young persons. Some of my clinic work is brief; a timely intervention may be short involving a dozen or fewer appointments. In other instances, for example working with abused or traumatised children, a longer time frame is required to help youngsters remedy complex difficulties, recover self-esteem and acquire self-regulatory coping strategies.

What does it feel like to work with seriously troubled adolescents? There appear some similarities with borderline clients; youngsters may engage awkwardly, often manifesting rage or despair; some seem guarded whilst clearly hoping for a 'quick fix'. A few protest noisily, even walking out – often following an impasse; others flip between idealising and hating me. A sense of humour helps me survive, and a thick hide! Remembering that adolescence has a developmental function that drives the beginnings of differentiation and personal autonomy is important too. Likewise I recall with compassion my own turbulent teenage years, and the field supports I needed to emerge safely through them. Working with adolescents sometimes feels like riding on a rollercoaster, veering between the everyday and the profound as we explore the meaning of life and love or identify social exclusivity according to clothing brands. Yet it is the process of being engaged empathically as a 'Thou' (Buber 1970) that most adolescents find validating and life-affirming: the experience of a co-created inclusive Gestalt relationship. As a therapist my role with teenagers is far from purist; at times I function as mentor, cheerleader, advisor and parental substitute. Without such flexibility many troubled teenagers might never engage.

I want to illustrate my work with adolescents, and introduce a perspective from Gestalt theory, using a series of vignettes drawn from my practice.

### **Syreeta: the challenge of contact**

Syreeta, who had just turned 16, sought counselling after being suspended from her school for swearing and lewd behaviour. Her Iranian parents, who attended the initial assessment with her, spent long hours working at their respective businesses. Each had a different idea about setting boundaries with Syreeta. Their marriage was marred by domestic violence and they had raised a thuggish elder son who now mixed with criminals. Syreeta had been copying his behaviour in part, drinking hard and having underage sex. I was taken aback by parents' harsh litany of complaints against her yet was equally shocked by the force of her profanity, showering her parents with curses. The interview left me feeling heavy hearted and exhausted. Taking in the high level of aggression and chaos within the family field I thought: 'this is going nowhere'.

Given the preponderance of constraints in the field simply offering a therapeutic space for Syreeta would not suffice; I suggested that parents consider embarking on marital therapy as well and they agreed to let me refer them on for this.

Building a therapeutic alliance with Syreeta and her parents was difficult and took time. I needed to show my ability to remain open-minded and impartial, without directly challenging how they organised their lives, which might polarise the situation, shutting off communication. I was aware of cultural differences between us and the need to respect the values and behaviours within the family field whilst ensuring that I neither colluded with the **denigration** of Syreeta, nor with her

putting herself 'at risk' <sup>1</sup>.

I began somewhat warily, when Syreeta arrived for her first session, half expecting her to behave in a foul way with me too. She swaggered in late, with the top buttons of her blouse undone, heavily made up, pulling her chair close and fluttering her eyelashes. I commented on her dramatic entry and asked if she was flirting with me - 'Just being friendly!' she replied with a bright smile, removing her chewing gum.

She hungrily took the space to talk as she described her fear of the family enmity rising. She despaired of managing to talk at home without being judged and criticised.

*Syreeta was as yet unaware of how her interactions, like those of anyone, took place intersubjectively, within a relational context. Yet her mapping or knowledge of her emergent sense of 'self' was intrinsically linked to her mapping an 'other'. Syreeta's behaviour did not take place within a vacuum; whilst she tended to disown her actions, others such as her parents experienced her as provocative. This led to reprisal and counter reprisal, as distrust spiraled, neither side giving in. Whilst occasionally they might connect, their exchanges soon deteriorated descending into arguments.*

Nonetheless I began to warm to Syreeta, listening to her talking rapidly about her disillusionment with family life and her fury towards her parents for papering over their dysfunctional relationship. Finding myself getting 'flooded', I shared this with her, commenting, 'What a lot you are telling me in such a short time!' When I enquired how she felt after saying so much she smiled broadly and

Told me how wonderful it was to be listened to, without judgment.

*I smiled back in acknowledgement. I later added that I could offer her feedback about her dilemmas if she wished; either way she was free to consider or reject this. She nodded assent. "If you're willing, I'd like to teach you some more effective ways of expressing angry feelings, that won't get you or anyone else hurt" I continued.*

*'Suppose you tell me what you've tried and I'll tell you what I've found – we can compare notes.'* <sup>2</sup>

*Zahm (Zahm, 1998) has commented on the merits of using self-disclosure judiciously, in the service of the client. Certainly Syreeta seemed soothed and yet encouraged to talk when I responded towards her with openness. I sought to bring to our encounter an attuned way of relating, meeting her pain with compassion, addressing her angry feelings respectfully, providing support when she felt vulnerable, offering space to withdraw when she felt overwhelmed. Syreeta continued to let down her guard and to share more of her process. She described in detail her frustrations at home and school and owned her difficulty with trusting people. This latter, coupled with her short temper led to difficulty in maintaining relationships: "When I get so suspicious, right, I go and fuck it up... honest, I don't mean to!"*

*Within the privacy of the therapy session such candor contrasted with the 'face' she presented to her social world, a dimension of the field where 'coolness' and external validation mattered. I empathized with her struggle over competing relational needs - the tension between maintaining 'face' and owning her shortcomings – without sinking into shame. As I took in her*

*communications and got to know her better I understood more of her thoughts and feelings, letting them resonate inside me. Sometimes I used my own responses to track, comment on and augment her musings. For Syreeta, long accustomed to 'I-It' relating (Buber, 1970) this provided a rare experience of being received as a "Thou" (ibid) working in collaboration with an adult. As Safran puts it:*

*"Working with the client, rather than working on the client, makes the client a partner in the therapeutic enterprise. Resistances and dead ends become problems to solve jointly." (Safran et al, 1990).*

*The more Syreeta experienced my interest in her as genuine, the more her capacity to reflect on her actions, thoughts and feelings deepened. She developed the beginnings of a relationship between a self-scrutinizing part of herself and another self-accepting part, starting to review and critique her experience without becoming devastated. When Syreeta was able to own her guilty feelings, e.g. of having caused hurt to others by her actions, she found this useful. It launched a process of internal dialogue that helped her better understand and manage 'unfinished business', moving with greater awareness towards resolution.*

Syreeta's narrative revealed how she was used to controlling outcomes by manipulation in her dealings with friends, family and authority figures. But I decided to allow contact to happen by not confronting this prematurely. In the sessions that followed I worked with her on noticing how she lashed herself with retroflective fault finding. I taught her to track her breathing as a means of managing strong feelings. I had a sense that she was finding me in me an adult who could offer some of the gentler father qualities of care and respect. Clearer, vital figures of interest began to emerge from her; ~~as well~~ there was a sense of ease as our relating became more contactful.

In week six she gave a confusing account of feeling responsible for her aunt Fawzia's miscarriage the year before. Syreeta had been with her aunt when the latter's toddler had kicked Fawzia in the stomach. "I was there- I could have stopped him!" Syreeta lamented. I shared my own responses of feeling touched by her pain, and also surprise at her readiness to assume responsibility for Fawzia's miscarrying. Syreeta began a 2-chair dialogue with her aunt within which she started to question her former assumption of responsibility. I offered to help her find a way of beginning to mourn the dead child, which she gratefully accepted. Two weeks later, as she hadn't mentioned the topic, I sought an update. Syreeta told me that she felt 'much better' as she no longer felt responsible for the tragedy. She told me that our work had however brought up reminders of a good friend who had been killed in a road accident whom she missed greatly.

Syreeta continued to work on issues of loss in our next two meetings, reflecting on 'the real me underneath the hell-raiser'. To develop her sense of self I encouraged her to make lists of her likes and dislikes, attitudes and beliefs. We examined how some of her values differed markedly from those of the family field, whilst others converged. We discussed family loyalties and the choices that Syreeta could exercise independently herself. She learnt to focus her awareness on her breathing, reducing her hyper arousal sufficiently to become more response-able and less eager to fight. A quieter and calmer Syreeta began to emerge, exchanging micro skirts and plunging necklines for more modest apparel. When I commented on the 'grown up' nature of her new appearance she blushed then deflected, complaining about some local lads who had leered

at her and called her 'slag'. 'I'm not some piece of meat!' she concluded: 'I'm not having sex anymore, doc – until I meet someone nice!' . I commented that her statement sounded important, a maturer revaluing of herself and what she wanted out of life. When I fed back how her manner seemed softer too, less defensive, she beamed.

*Whenever I imagined myself stepping into Syreeta's shoes and then into those of her immigrant parents I experienced the helplessness on both sides. Most likely her parents had started out well intentioned (Lee, 2007) but became embarrassed and stymied by Syreeta's insubordination. Yet draconian attempts to curb her and restore order consistently failed. In relocating her internal struggle between autonomy and self-responsibility at the interpersonal boundary Syreeta ensured her parents remained closely involved. In this way her actions served as a creative adjustment.*

During a review meeting the following week however Syreeta's parents were critical of me for not having 'changed her enough'. Sadly they vetoed any further engagement with our service. Syreeta was dependent on her parents for transporting her from school to clinic; under the circumstances she and I discussed referring her on to the nurse or counsellor at her new school.

Mark Mc Conville describes many families as being either 'underbounded' or 'overbounded' in their contact process. The former type foster connectedness at the expense of differentiation and the latter conversely favour separateness over merger. (McConville 1995 p135) Within Syreeta's 'underbounded' family parents were unclear about how their children's roles and responsibilities varied from their own; they struggled with accepting that Syreeta's personal autonomy was growing and that she was entitled to her own thoughts and feelings.

### **The phases and tasks of adolescence.**

McConville describes the pre adolescent child as 'embedded' in the family (McConville, 1995,p15). The child- self is unreflective; her experience is lived not known, without an observing ego. The child-self progressively 'disembeds' as she begins to experience having an inner world that is separate from her outer existence (ibid). As she spends less time with family, turning to friends and other adults, the teenager forges her identity from peer culture. In place of family values shared teenage tastes in food, appearance, music, ideals and attitudes begin to inform her emerging sense of self.

Much young adolescent behaviour appears deliberately aimed at creating a boundary between themselves and adults (ibid). Often anger and projection serve to keep such 'uncool' emotions as guilt and shame at bay. Battles fought at the boundary between self and other keep the pressure off the still fragile, internal self. Yet the teenager's experience of this divide can also be painful and lonely.

Middle adolescence is characterised by an interior focus during which inner life becomes more richly experienced and the boundary with the external social world becomes clearer; here relationships assume more of a reality-based quality.

In later adolescence the experience of self is consolidated. The young person becomes increasingly less defended and migrates to the outside world - now regarded as a source of mastery and of pleasure. The proto- adult takes charge of herself, emerging as a whole entity, ready and able to make her own way in life.

This sketches the growthful tendencies of the adolescent experience. But without sufficient environmental support, as Syreeta's vignette shows, things can go seriously awry. McConville (Mc Conville, 1995, p88) talks about "frozen protective polarity dynamics" - one of two dysfunctional types of child- self versus teenage-self polarities. In the "frozen" pattern the teenage-self is predominantly identified with, whilst the former child-self (where the vulnerability may lie) becomes disowned.

In the second type, known as "interrupted polarity dynamics", the child-self emerges in awareness whilst the teenage-self is disowned. (The vignette of Stef -below, illustrates the "frozen" dynamic whilst the example of 'Kris' portrays the "interrupted" dynamic.)

## **Working with Anger**

Violet Oaklander describes anger as the 'most misunderstood' of the emotions. (Oaklander, 2006, 2007). It receives 'a bad press': as children we are often told that it's wrong to be angry. Consequently we learn to avoid that feeling, albeit often at considerable personal cost. Yet, as Oaklander reminds us: " Anger is an expression of the self, and the self is reduced when one inhibits anger. "(ibid)

When an adolescent encounters a therapist, often at the behest of parents, she may perceive such meetings as potentially dangerous, leading to exposure of her vulnerability (McConville, 1995, p195). Many teenagers who experience anxiety and discomfort during this engagement stage attempt to self-regulate by seeking to wrest control of the situation, often by trying to polarize the field. Adolescents may resort to anger, silence or provocation as strategies for this purpose (ibid); the therapist's initial aim becomes simply to 'traverse the minefield' keeping the field intact. Many adolescents assume they will not be liked or taken seriously; they may behave rudely or absurdly, seeking to replace uncertainty within the relational field with structure, testing out the rules of engagement, so to speak. Some do so by inviting rejection. The therapist who harnesses her presence, insightfulness steadfastness and fortitude to acknowledge and validate a teenager's anger without interpretation extends the possibility of a new and powerfully bonding experience. She may need to manage provocation gracefully, sidestepping the trap of replaying old 'parent -versus -child' conflicts if an effective working relationship is to be formed (ibid).

Anger serves other functional purposes during adolescence. (Mc Conville, 1995), It protects the younger teenager who lacks the capacity to reconcile her contradictory attitudes and beliefs, which may otherwise leave her feeling overwhelmed. At this stage young teenagers often need

to skew reality to support their fragile emergent selves. Projecting inner conflicts onto the field, the family or others enables ~~conflicts~~ *personal dilemmas to be reworked at the interpersonal boundary. For example Mary experiences conflict over her wish to attend a party and her need for sleep before next day's exams. Her desire to stay out late is counter-balanced by her mother's telephoned reminder of Mary's promise to come home early. Here the dialogue between Mary and her mother creates a field within which Mary's needs for play and rest are supported, sharing out matters of power and responsibility. Sometimes there is insufficient support for dialogue and co-regulation within the family field (see the example of Stef overleaf). Then those agencies within the wider community – hospital, police or school whose remit includes a regulatory or public safety function may take up the responsibility polarity in dealing with adolescents.*

Anger provides a physical sense of personal solidity for the adolescent whilst supplying propulsion for her to venture away alone. This allows her an experience of brief separation from parents, whilst showing her peers 'I can do this myself!' (Otherwise the adolescent who retroflect his anger risks remaining confluent with parents and therefore unable to differentiate). Generally, experiments with gaining autonomy continue whilst private inner experience increases until the adolescent becomes able to consolidate his or her new self (ibid).

### **Addressing the Family System**

To a much greater extent than is the case in adult psychotherapy, counselling children and adolescents involves working with social issues such as poverty, marital breakdown, alcoholism and mental illness. Misattuned rigidity in the parent leads to reactive rigidity in the child; a lack of environmental support in the family field curtails the adolescent's developing self-support. Accordingly disembedding is either premature or delayed. Supporting parental functioning clears the way for the children to continue on their path of healthy growth (Oaklander, 1994). Meeting with parents or caregivers en route is therefore an important staging post (Reynolds, 2005). I usually assess adolescents together with their families; this models transparency and avoids triangulation.

Parents may also need separate help with thinking through developmental issues, reflecting on marital difficulties or setting boundaries. The multi disciplinary nature of CAMHS facilitates this, enabling co-working arrangements.

McConville notes that adolescents present the clinician with a vexed complex interpersonal situation rather than symptoms, (McConville, 1995). Certainly the toughest challenge is getting teenagers to engage. It helps to clarify whether s/he is concerned about his behaviour, will the family support change, and is there stability and safety in the present living situation. Many adolescents feel embarrassed about agreeing to have therapy and 'saving face' can be vital. I adopt Mc Conville 's informal approach; casually asking whether s/he could 'live with' our meeting for a few sessions' (ibid).

My initial aim is to convey trustworthiness, a non-judgemental attitude, empathy and congruence. I also need to check out the situation using my own phenomenology. If I feel fearful in response

to a threatening, previously violent teenager standing before me, referred with ‘authority issues’ and poor impulse control I need to attend carefully to my counter-transference whilst assessing his sense of agency, intent and motivation to change. Weighing these factors helps me decide whether it is wise to work with him in the clinic setting or whether referral to another agency might be safer and more useful.

## **Getting Started**

The experimental attitude that characterises a Gestalt approach often works well with young persons. Early on, many projective exercises (Oaklander, 1988) serve a dual function as ‘ice breakers’, and experiments, helping to further dialogic relating (Buber, 1970). Many of the adolescents I see enter therapy feeling disconsolate and disempowered: their relationships with key adults have often deteriorated becoming exclusively ‘I-It’ based. (ibid) . During the initial phase of therapy I may use questionnaires or construct a genogram or friendship map together to help chart their field. Other teenagers prefer to draw their own ‘timeline’, a graph that maps the high and low points of their lives (Sunderland, 1997). Whilst their attention is frequently on the content or story, my interest lies as much in the process- how are they engaging with me, how do I feel about them, and how do I imagine they feel about me?

Sometimes I use sentence completion tasks, simple prompts that elicit attitudes and values: Boys..., A Mother..., I feel angry about...., My biggest worry is...., I’m good at..., etc. I may set a kitchen timer for ten minutes. Many enjoy the challenge of ‘beating the clock’; others slump or persevere; some find moving to the next item inordinately hard. How a youngster responds to such tasks often provides early clues as to how she functions in the world, indicating what is lacking in her field that may require our attention. Fifteen-year-old Damian, whose parents had just separated wrote: Marriage is... ‘for fools who lie’. When I finished reading his answers aloud he spoke bitterly about his parents breaking up: ‘I should have seen it coming – the signs were there’ he said. Fourteen-year-old Cheryl, who self-harmed, wrote: ‘I hate my life – I’m good at ... nothing.’ Unpicking this painful self observation helped Cheryl become aware of her difficulty getting noticed within her family where attention frequently focussed on her learning disabled brother.

### **“You want me to do what?!!”**

For every second teenager who enjoys using arts -based activities and projective fantasy work (Oaklander 1988), I encounter another who dismisses it as ‘childish’: ‘I just want to talk’ they say, exasperatedly, seeking short cuts ‘to get started’. Often these are youngsters who have grown up in a hurry; many are survivors of abuse or trauma.

Instead I may use a book of astrological sun signs with some to explore character traits. Jamahl, 14, was fascinated to learn what was written about Gemini – his sign: “Yeah – that’s me man, clever, sarky, always on to the next thing.” Others recoil from the descriptions – “ No way that’s me! ” ‘What is the real you like,’ I ask – and they join the dance, co-creating a new relationship.

Some adolescents feel self conscious in the early stages of therapy and may avoid experiments unless the therapist provides environmental support by joining in. Armed with old newspapers and



standing by the waste bin, gawky depressed Khalid (15) and I take turns at naming the sources of our annoyance that day. Earlier he's told me 'something went wrong' at school. I feel empathic though notice how he deflects and shuts down when I express interest.' Sensing that something more active may rouse his energy I've suggested the experiment.

'I don't get this feelings stuff' he complains so I model tuning in to my awareness, closing my eyes and focussing on my breath. I supply a short commentary, detailing how my body tightens as I recall receiving a parking ticket earlier today. On hearing this Khalid nods, wide eyed: "Man, bet you was angry!" In turn he remembers receiving a detention for fooling around in class. Khalid begins to feel 'hot and tense' in his chest

' -Its like springs bursting'. We continue the experiment, naming each 'annoyance' and tearing off a strip of newsprint to signify it, screwing this into a ball and hurling it into the bin. Afterwards Khalid's eyes are shining and the tingling in my arm confirms that I'm feeling more present; as we compare notes he reports feeling 'so much better.'

This experiment can be reviewed in terms of the Gestalt contact cycle (Clarkson, 1989 p20). Khalid feels 'hot' (sensation/fore contact), moves to the bin (mobilisation), names his frustrations (action phase), throws the paper into the bin (final contact), feels 'better' (satisfaction/post-contact) and relaxes (withdrawal).

I find Tudor's adaptation of the Gestalt contact cycle for children is helpful when working with younger adolescents. Tudor substitutes the following names for phases of the cycle: feeling, knowing, thinking, doing/acting, making, enjoying and letting go (Tudor 2002 p157). Sometimes these younger teenagers experience confusion about using words like 'feeling'. However most understand what thinking means. If a therapist asks what the youngster is thinking, the reply they receive often contains feeling language (Oaklander 2000, personal conversation). So I ask, 'Gemma, what do you *think* about being grounded by mum?' Gemma replies: 'its not fair- I hate it!' Likewise, helping Khalid clarify what he needed (knowing) enabled us then to consider together what options he had for managing his feelings.

## **Roberto: 'bothered about my body'**

Roberto was an isolated, depressed 16 years old with a congenital muscle wasting condition. This had left him with one arm thinner than the other and reduced motor skills, affecting his ability to dress, write and catch a ball. The school matron referred him after Roberto complained to her repeatedly about persistent teasing from fellow pupils who mocked his appearance and his clumsiness. At the initial meeting Roberto presented as a shy, sensitive lad. His mother appeared anxiously protective and talkative whilst Roberto's highly decorated squadron leader father looked uncomfortable and said little.

At first Roberto was highly ambivalent about attending clinic dismissing my attempts to engage him with shrugs of his shoulders, looking away. As Oaklander observes, in therapy: 'without the thread of a relationship nothing much will happen.' (Oaklander, 2007). During this rocky start I wondered if Roberto might become sufficiently bothered to risk showing me his vulnerability?

In session five I commented on how wary he seemed of getting to know me; that my efforts to engage him felt to me 'like pulling teeth' (!) I speculated however that this wariness might serve an important protective function for him, and suggested that he remain on his guard unless and until he felt he could trust me. Roberto mumbled angrily to himself - about not wanting to be quizzed by 'idiot adults' and rose suddenly to leave, reaching for his coat. He attempted in vain to shove his arm into the sleeve, cursing quietly. I expressed sadness at his choosing to leave early, though confirmed that he was free to do so. I also offered to help him into his coat. This surprised Roberto; he insisted he might still leave early though allowed me to assist him. I accidentally brushed his 'skinny' hand and he shrank back in embarrassment. Noting his response I asked him how his 'grip' was, offering to compare handshakes with both hands. To my surprise he proffered his 'good' hand which I shook and then, hesitantly, his 'skinny' hand. When I shook the latter firmly, commenting favourably on the amount of grip he retained, even in this hand. Roberto burst into tears and sat down again.

He began to sob, whilst recalling how others withdrew from his deformed hand and treated him as an outcast. Roberto said that he had come to hate his image when he looked at himself in the mirror. Worse still, in the showers after PE or games, Roberto's inept performance and his 'useless' arm drew sarcastic, ribald remarks from peers that left him feeling crushed and lonely. I had a sense that his attitude to himself had become one of disgust. Whilst I do not commonly use touch in my practice as a therapist it seemed important for me not to shrink from so doing here.

I offered an experiment whereby Roberto could hold or grip my hands with his until he had 'had enough.' Gingerly he opted to try this though instantly retroflected, apologising profusely for having 'sweaty hands'. When I confirmed that this was ok too we sat holding hands silently across the table for three minutes, exploring the dance of contact and withdrawal also through mutual gaze. Little needed to be said afterwards though something had clearly shifted in our relating; it was as though Roberto understood that I was concerned enough to want to understand what was bothering him. Hereafter he engaged more fully in therapy and made use of 2-chair work to confront those who mocked his appearance. He developed a swagger, began dressing with attitude and started to hold his head higher. At a family review three months later all agreed that Roberto's confidence had increased considerably; the teasing had stopped, he had become friends with another boy and he was no longer depressed.

Shame is a regulator of the social field (Lee, 2001). Roberto yearned to be met with support rather than with ridicule. Yet the ground of his expectations, based on his history of not being received with support hitherto triggered a shame response with me. This left him with a desire to pull away from contact and to hide. (ibid). Through the 'safe emergency' of our experiment Roberto experienced the possibility of healing, that his support needs could be met. His sense of feeling inadequate began to shift accordingly to one of self-acceptance and pride.

### **Stef: why should I care about me?**

Stef, 16 had lived alone with her mother for years since father died. Her paediatrician referred her for counselling because of a congenital skeletal disorder whereby she would repeatedly dislocate

her limbs. Yet from the outset the figural issue appeared to be her difficult relationship with her mother whom she complained ‘treats me like a child.’ Stef played up to this by acting immaturely by accompanying friends to London without money or adequate clothing. On these trips Stef spent what funds she had on beer or trinkets, pretending not to be hungry when her friends went off in search of food.

Stef was angular and androgynous, severely dressed in contrast to her mother’s ultra-feminine appearance. She sat awkwardly during assessment, picking her nails, eyes downcast, whilst her mother berated her for forgetting to eat when out with friends. Over the summer holidays Stef had passed out in the street three times and had been taken by ambulance to hospital and admitted overnight. I ruled out an eating problem, as it was clear that Stef ate regularly at home and school.

Stef elected to attend fortnightly sessions after school ‘to get my mother off my back’. Initially our engagement was difficult; ‘I don’t know why I come here,’ was her usual opener, though as I pointed out, she brought herself to the clinic independently and on time, indicating she must be getting something out of coming for herself. “I dunno – you’re the expert!” she retorted. ‘Well come on- fix me then!’ Stef found managing silences hard; when we unpicked this she owned her fear that I was judging her then and finding her lacking. My offering reassurance did not help; for two months Stef remained constantly on her guard. I shared my feeling of mild frustration that she seemed to be constantly fending me off – often through verbal ‘fencing’. Stef muttered agreement; ‘It’s not just you’, she responded, though had trouble finishing the sentence.

Remembering my tetchiness in my own adolescence gave me the patience to maintain a sense of creative neutrality. My interest lay in helping Stef stay longer with her figural experience instead of her continued deflections.

‘What’s wrong with doing what I do?’ She demanded of me, rolling her eyes.

‘You tell me!’ I countered ‘... anyway, what’s good about doing what you do?’

‘Well- I don’t have to think – mum’ll collect me, bales me out’.

‘And what’s not good about doing what you do?’

‘I’m always depending on her – she never trusts me ...so why the hell should I care anyway – so the ambulance came. Big bloody deal – that’s what you pay taxes for, right? God’s sake!’

A feature of adolescence is the tendency to organise experience by polarising (Mc Conville 1995). Stef dealt with her tension between new urges and old child-self introjects (like obeying authority) by reworking the conflict through the interpersonal field. She avoided her own intra-psychic conflict by successfully provoking her mother into assuming the responsible (introjected) side of the polarity – e.g. collecting Stef from hospital. Stef began to show similar behaviour with me. In session five, having casually mentioned another fainting episode, Stef walked out of the clinic in response to my expressing concern about her behaviour. ‘I’m grown up now – don’t be so wet!’ Was her parting shot? She returned to her session afterwards, muttering ‘Sorry’. ‘Apology accepted’, I replied softly – ‘so what happened there?’

Stef began to cry. Through tears she spurted gobbets of anger about her lack of physical robustness – her bodily collapses secretly frightened her – and her ambivalent feelings about ‘looking dowdy’. I empathised with her fright and her frustration, offering to help her ‘tune in closer’, to develop greater awareness of her responses. This she accepted for the first time. I shared my enjoyment too

at the spirited nature of her responding and said I imagined her father would have been proud of her. Stef wept openly as she recalled her loneliness as an only child growing up without her father, a topic that her mother felt uneasy about discussing. As this aspect of the family's confluent contact style became differentiated, she became better equipped to organise her private experience and manage it in her interactions with those around her. I used visualisations, drawing and structured writing exercises with Stef to explore what she did and didn't like about her body. These helped her undo the retroreflections of shame she experienced at needing to ask for support (Lee, 2001).

After three months Stef trusted me sufficiently to attend clinic weekly. What I was able to provide for her was the holding of boundaries, negotiating, listening and being gentle but not a pushover. Having to manage an illness myself – asthma – I was able to put myself in her shoes. She learned to receive my male attention without becoming overwhelmed. Her 'Laurenite' rebellious projection shifted to a more ambivalent response, able to own the contradictory pulls within her. Her fainting ceased and she developed an interest in clothes and makeup, reflecting a newfound acceptance of her body. As she began acting less impulsively, her relationship with her mother improved.

### **Striking a chord**

Zinker reminds us: "Gestalt Therapy is really permission to be creative" (Zinker, 1988, p18). The discipline of improvising as a musician with a Playback Theatre Company helps me stay creative in my non-verbal communicating (Solas 2003, Blend, 2006). Gestalt therapist and saxophonist Hana Dolgin writes about how improvising in music, as in therapy, involves learning to stay constantly in the moment, accepting imperfections in one's playing without dwelling on them (Dolgin, 1995).

Music was a lifeline for me in adolescence; it gave me an outlet for expressing complex and intense feelings through playing piano and guitar. Nowadays in my work I encourage teenagers to bring in their CDs or lyrics that express something important for them. After listening to a track or reading the words together we discuss the sentiments evoked. This informal, inclusive approach helps many an isolated or alienated teenager who is depressed and struggling to verbalise, to feel that someone else understands them.

As humans we can be powerfully affected by the resonances of sound; when embarking on a visualisation exercise I sometimes pluck harmonics on a Cimbala (Polish harp) or pick out a particular chord progression on the guitar. This often helps restless or hyper vigilant teenagers ground their energy, and engage more deeply. Few adolescents actively dislike music. Some teenage lads attempt to strum my guitar, gyrating their hips in a tacit display of emerging sexuality. Others are drawn to the percussion. Many withdrawn teenagers gravitate to quieter instruments like bells or triangles though really find their metier when encouraged to try out the louder drums.

Music making, drawing and using clay proved important means of expression for Kris in my final vignette:

### **Kris: From Collapse to Confidence**

Kris, aged twelve, was referred by his GP with a year's history of 'school phobia'. He had found the transition to secondary school difficult and had dropped out during the first term after developing panic attacks. Depressed and clingy, he had become electively mute in the presence of strangers. I first met Kris and his family together with a colleague. Kris's parents appeared stiff and reserved, seemingly unused to straight talking. The family style appeared confluent and depressed with parents appearing unable to provide Kris with the requisite support and challenge to help him with disembedding. In contrast to the 'Laurenites' above Kris appeared quieter, withdrawn rather than disruptive. Yet underneath he suffered, 'bothered' by the challenges of decision-making, asserting him and managing relationships.

Kris began therapy sitting with his legs tightly crossed, head bowed, and his breathing shallow. Mostly silent, he tutted at my invitation to write things down. When I commented on this, asking if he was angry about coming here, he withdrew. I mirrored his retroflective posture, which felt uncomfortably constricting to me; I sensed this served as a creative adjustment, allowing him to anaesthetise overwhelming feelings. (Oaklander, 2007) When I acknowledged how tough it had seemed for him to get through last week's interview he nodded, muttering – 'too bad' and later: 'See, I can't do it!' When I fed back how miserable and furious he seemed, he screwed up his eyes and sank low again. I bracketed a twinge that my observation might have been too blunt. Reconnecting with my own breathing rhythm helped restore my dialogic attitude enabling me to commit to 'clearly knowing and accepting the given' (Yontef 1993, p187) that comes with adopting the Paradoxical Theory of Change (Beisser, 1970) I felt determined to stay with him if possible. Eventually Kris looked at me to break the silence. As he appeared to lack sufficient self support to allow his figures form, let alone engage in verbal dialogue here and now, I suggested he survey the room to see what took his interest.

His gaze settled on a large drum. He reached for it and began to tentatively tap it. I responded using another drum, copying the sounds he made, quiet and louder, fast and slow. I suggested he use the drum to convey his panic to me. At this he widened his eyes and straightened his posture, looking more alive. When I asked what he was experiencing, he pointed to his heart, indicating his sense that it was accelerating. I asked: 'Where are you now? Are you approaching the school gates?'

I asked if he could show me the different phases of his panic, like the movements of a symphony and hesitantly he obliged (I was aware of his interest in classical music). Witnessing his efforts I sensed our contact level increasing. At the end when Kris looked up I suggested we play his three 'movements' together and for the remainder of the session we continued to drum in unison, playing the sounds of his panic rising, overwhelming him and falling away. In subsequent sessions Kris began to explore polarities of his experience using various tones and textures of drum, xylophone and guitar: loud and quiet, hard and soft, tentative and assured. Through our music making I sought to extend his awareness and acceptance of the range of different feelings inside him (Oaklander, 2000) suggesting: 'Play what's going on inside you now'. Kris responded with enthusiasm and began his shift from "Shouldistic Regulation" to "Organismic Self- Regulation" (Yontef, pp 212-214) through dialogic music-making

Often I 'met' Kris through 'doubling', i.e. adding unison notes that emphasised his figures of interest. (Lousada, 1998 p210) At other times I provided accompaniment to his figural rhythms

and melodies. Our work assumed a symphonic style; sessional themes like 'I can't be bothered', 'leave me alone', 'what if I never', 'I want to move forward' would appear, rise to a crescendo or die down suddenly, to be dredged up and reworked later or the following week. Sometimes I sang in counter harmony, adding ground to his figures, which he listened to intently. They were my projections though seemed to help him gain self-support I felt moved by his struggle and enjoyed the experiential nature of our work together. For Kris, playing solo, duetting, withdrawing and playing together again appeared to strengthen his self and contact functions. I felt alive, in touch with my own passion for communication through music and the lifesaving role it had played in my adolescence.

Throughout the following term Kris struggled with warring introjects about talking versus not talking, fearing that talking about his panic would exacerbate matters. His separation anxiety increased and he withdrew, alluding enviously to his brothers' 'easy life' at the village primary school. I noticed that he broke off contact when conflict loomed. Though he sorely missed his close friend Oliver (who was now attending the new school) he equally feared 'panic' would return if he got in contact with him. He drew himself surrounded by a bomb which represented 'the panic going off' whilst he attempted in vain to phone Oliver.

Recognising his terror and shame I continued to focus on building our I-Thou relationship, sometimes sharing my here and now sensory responses and my own experiences of feeling frightened. I did not want to rush this important stage of our work. Through various experiences of drawing, role-play and guided fantasy (Oaklander 1988) Kris's level of verbal communicating increased. As our contact deepened he began to express his dread of the inquisition he might face from classmates concerning his prolonged absence.

Once, Kris sought to leave the session early after becoming distressed at my directing him to draw how he perceived his dilemma about school. He cried, sulked and demanded his mother collect him. I felt slightly cruel at my insisting that he stay and finish the hateful task, saying it might be helpful for him 'in the long run' to persevere a little longer rather than give up. I wasn't going to give up on his emerging adolescent self. *And feared that if I acceded to his impulse to do so at this point he would leave, filled with panic and shame, in a parallel manner to the way he had left school- a double sense of failure. Nor did I want to collude with his notion that when the going gets tough, one should simply abandon ship. Kris appeared snared in a 'shame bind'. (Kauffman, 1989; Lee, 2001) He secretly longed to confront his 'inquisitors' though feared being exposed to their contempt. I thought of the paradoxical theory of change: change happens when we allow ourselves to surrender to 'what is' (Beisser, 1970). I imagined that Kris would fare better were he to stay with his shame experience assisted by my support, albeit delivered in this challenging way. I recalled times in my own therapy when the witnessing of my experience by another, though uncomfortable for me, had been crucial and enabled me to stay in dialogue. Kris agreed to stay.*

I cut to the chase, and suggested he draw himself arriving at the school gates and draw 'best and worst' options for the future. He then dictated to me his descriptions of what each entailed. I wrote these on the drawings and read them back to him to confirm that I had heard what he said accurately. He nodded and dried his eyes.

In the following session he announced his readiness to confront his terror. I suggested he draw his

'panic'. Kris deflected: 'I'm no good at this stuff you know'. Assuming that he feared my judgment I reminded him that drawing here didn't need to be 'great art', just an experiment to see what we might learn together about 'panic'. I sensed my need to become directive – 'just see what you can do'. Kris hunched, and began drawing an amoeba-like shape, naming this 'Sly- because it creeps up on me slyly, suddenly'.

'How do you feel about Sly?' I asked

'I'd like to kill him!', Kris replied, flushing.

'Show me how! I invited.

Kris straightened up and with relish began drawing the many stages of 'Beating Sly Up'. These included him kicking, squeezing and standing on Sly, then cutting him into 'pepperoni pizza slices'. Breathing deeper and with stronger voice Kris sat back, pronouncing himself 'well pleased' with his drawing.

I continued to observe and mirror Kris's breathing and bodily stance, sharing my own self-observations concerning 'Sly' as experienced at a sensory and feeling level. Kris became more aware of how his hunching, tight posture shut off many feelings, especially his unspoken rage against Sly. Wanting to sustain the momentum and keep with physical expression, the following week I introduced clay into our session. Clay is a flexible, sensual, easy to handle medium that allows the expression of creative and destructive urges. I took Kris through a series of warm up exercises, which included slapping, and punching clay. (Oaklander, 2000) Whilst Kris told me that he was 'imagining Sly getting his comeuppance' he gently squeezed the clay, holding back his energy.

'Let him have it!' I suggested.

Kris gleefully placed Sly between two boards and jumped on 'him' triumphantly.

'He doesn't look so powerful now' I observed; 'What's it like, doing this?'

'Great!' Kris replied grinning: 'now he's really nothing!'

'And you- how do you feel inside?'

'Great - like I'm ten foot tall – like a mountain!'

I encouraged Kris to really hold and own his power suggesting he embody this new stance. Kris stood on my desk as 'mountain', looking down on Sly: 'I'm powerful and you're tiny now!' he crowed.

Kris gradually stopped retroflecting as he continued to externalise his feelings about 'Sly', finding sufficient self-support to abandon his former mutism. We continued exploring the polarities of his experience – feeling competent and feeling helpless, using various arts modalities, which he selected. He grew two inches and started to feel more at home in his body with an enhanced sense of self. In 'Laurenite' terms his transition from 'bothered' to more 'bovvered' was important; by developing a more pugnacious, devil- may-care stance his anxiety about what others thought of him became less figural. As we concluded a year's work he started a rap – 'this is the story of Confident Kris!' inviting me to join him. We became human 'beat-boxes', moving in rhythm around the room, swapping improvised stanzas that described his heroic conquest of the mighty Sly.

## **Family in Flux**

*Whilst Kris was attending clinic his parents explored some marital difficulties assisted by my*

colleague. Following a period of unemployment Kris's father had lost considerable self-esteem and perceived himself as unable to support his family. He had become caught in a shame bind (Lee, 2001) yearning to know that he still mattered to his family yet feeling unable to ask for such validation. He hid his shame by withdrawing into silence. As Kris's mother took on extra work to increase the family income her resentment grew and she erupted in rages. Through their couple therapy parents learned to give and receive support and affection. They became more effective in their interactions with Kris, attuning to his needs and allowing the children more differentiation within the family field. My colleague and I held joint reviews, which the family attended, in liaison with Kris's school. I encouraged father and son to spend regular time together pursuing an activity they both liked, which proved mutually affirming. Following a consolidating summer en famille Kris made a successful return to school.

### **Conclusion : Can we be bothered to father adolescents?**

*"How can I try to explain- when I do he turns away again."  
'Father and Son' lyrics Cat Stevens*

In contemporary UK society, children are increasingly brought up in the absence of any paternal figure. Yet fathers have a positive psychological role, which combines emotional passion, moral restraint, and physical presence. This is important in the erotic development of daughters and the aggressive development of sons (Wheeler, 2001; Samuels, 2001). As a male therapist, I am aware of many of my young clients lacking committed, effective, authoritative fathers. I also encounter many caught up in adjusting to stepfamily relationships<sup>3</sup> where the family field contains multiple parents, bringing additional loyalty conflicts, which challenge self-regulation. As Robert Lee points out, parents need holding too; in his view there are not 'child development problems' as such, rather there is a need for 'field development' that enables parents to own and receive support with areas in which they hitherto felt unsafe to confide (Lee, 2007).

Gordon Wheeler (Wheeler, 2001) cites a 'paradigm of individualism' in the West, a traditional, gender-typed authoritarian style of fathering. It is the 'grow up and stand on your own two feet' notion of manhood. He and Wheeler and other writers on contemporary masculinity (Biddulph, 1999, Lee, 2007, Mortola, 2005, Samuels, 2001) have similarly suggested that, for many men, the very idea of receiving support from another person is fundamentally challenging, if not fraught with difficulty. Those whose internalised notions of masculinity and fatherhood are authoritarian in origin may dismiss sharing, working co-operatively and accepting uncertainty or helplessness as effeminate and shameful.

Wheeler proposes a range of relational possibilities for fathering:

1. teaching-providing- directing- taking charge
2. nurturing-caretaking- listening –accepting
3. joining sharing –playing- enjoying
4. depending –needing-asking-receiving. (Wheeler, 2001)

The presence or absence of any of these has important consequences in adolescence. Development takes place along the paths that are supported – through inner capacities and



creativity, according to the way that young people are received in the social/relational field (ibid). A Gestalt Therapy model requires the self to integrate and fashion itself out of the whole field. As therapists we are well placed to see where intervening in the external world of relationships can alter the support network from which the self-process seeks its course and draws sustenance.

In such cases, as Wheeler points out, there can be a role for adolescent mentoring. This could involve a teacher, therapist or other interested adult who is able to mediate the process of supporting the teenager in navigating a world of hopes, disappointments, fears and dreams, who understands the coded messages of longing and shame that elude an unreceptive father's awareness, There is a particular need for 'receiver' style fathering (category 2 above) to augment other, more 'doing' focussed roles (3 and 4). Mentoring offers substitute companionship; sensitively conceived it may also help the father- son dyad through rocky patches in their journey of mutual self- discovery, providing respite if not reparative glue.

Fathering- by- proxy is an important component of the therapeutic work I undertake with many adolescents. There is considerable need for good, male relating to discourage disaffected youngsters from going completely off the rails. There is also a danger from the way the popular press portrays teenage culture of demonizing adolescence. Rather, adolescence is a transitory process often characterized by stormy behaviour that later gives way to integration. As the self consolidates, family alliances can be re-worked such that the emergent young adult becomes ~~existentially~~ responsible for his or her own life choices.

One could imagine a different kind of 'Lauren', given the right male support and guidance. To remedy the deficit, as Wheeler observes, the prevailing traditional Western ideology of masculinity needs reconstructing. In other words we may all need to get bothered!

*(NB a shorter version of this article originally appeared in the British Gestalt Journal in 2007).*

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**Notes**

<sup>1</sup>Whilst in terms of local child protection practice Syreeta at age 16 was regarded legally as a young adult, I was concerned that the family's dysfunction and her own behaviour left her vulnerable.

<sup>2</sup> I am grateful to Mark McConville whose original version of this intervention appears in his book on Adolescence.

<sup>3</sup> See the organisation called 'StepIn' - Advancing Stepfamily Awareness through Psychotherapy: [www.stepinasap.co.uk](http://www.stepinasap.co.uk)

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