

**3<sup>rd</sup> Year Gestalt Essay**

# **Clinical Case Study**

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The following is a review of seven sessions with a client and expounds the work from a Gestalt perspective embracing the concepts of dialogical psychotherapy, phenomenology, field sensitive practice and the principles that guide practice.

## Client Background

My client 'Andrew' is a 41 year old single male presenting with a **history of depression, anxiety and relationship issues**. His most recent relationship was a two-year live-in relationship with a female who became pregnant and subsequently had an abortion, partly at his insistence. The relationship broke down three months ago following the abortion and he described feeling guilty about 'making her get rid of the baby'. His goal for therapy was to learn strategies and skills and gain awareness so that he could improve his lifestyle and relationships. He reported having had several counselling/psychiatric consultations previously to deal with his depression and anxiety but had found none of them helpful. He also said that it was 'time he dealt with his issues' and reported feeling more motivated about coming for therapy this time in terms of wanting to understand more about himself.

## INITIAL SESSION

This initial session was more of an exploratory session and we spent most of it in an 'I-It' mode of contacting / dialogue. I wanted to have a good background history of his depression, anxiety and previous counselling input, as well as his current relationships and environmental support, as a way of exploring his field and also gauging his level of internal and external support. This included his physiological symptoms of depression/anxiety as well as querying any anxiety attacks/sleeping disturbances etc. Spending time in this type of connecting 'I-It' dialogue also helped us establish a good therapeutic working relationship and also helped Andrew relax and become comfortable with me.

I used this time to talk about my way of working and the Gestalt approach to therapy in terms of building awareness, dealing with 'unfinished business'/unintegrated polarities and the overall concept of wholeness. I described our time together in therapy as a 'journey' that we would share, and that I was there to help him gain clarity and awareness, not necessarily to 'give him advice'. I wanted to set up a very clear 'contract' for Andrew and I so that we had a 'framework' with which to approach the therapy journey. MacKewn (1997) describes this kind of contracting as being "ethical, practical and therapeutic." (p.55) and I believe it does indeed serve well in all three areas. I find this

contracting to be a solid 'base camp' from which the client and I can 'begin the journey' and it also sets the tone of the journey.

I talked about the therapy 'unfolding' at his own pace and that we wouldn't necessarily be 'digging' for analyses or answers but rather aim to build insight and awareness through an experiential approach (I briefly described chair work, imagery etc.) We also made an initial contract of six sessions on a weekly basis and then a review of our journey. At the end of this session he said he felt 'heaps better' having talked to me and was excited about our 'journey' together in the next few weeks.

### **OUTCOME OF ASSESSMENT**

- Andrew has a longstanding history of depression /anxiety and does have anxiety attacks - usually 1-2 a fortnight, the most recent being 3 days ago. Physiological signs - sweaty hands/rapid heartbeat/dizziness/feelings of dread.
- No sleeping or eating disturbances.
- Described himself as 'hiding' when he feels depressed and described his social life as 'non-existent' although he did say that he had several close friends who he was able to 'talk to'.
- Reported 'sabotaging' himself in relationships with women and of 'taking care of others' with detriment to his own needs sometimes. He talked about some remaining guilt that he identified as being left over from his relationship with his ex-girlfriend. He recognised that he had entered the relationship initially to help 'rescue' her which he also knew to be a 'pattern' for him in relationships.
- Andrew also mentioned using internet porn as a way of dealing with his anxiety which he is concerned about and wants to cease - thinks he is becoming 'addicted' to it. Says he pursues no other 'addictive' activities (eg. Drugs/ alcohol etc).

Andrew's contact style was relatively open - he made good eye contact and I felt 'seen' by him. His responses were not hurried, he considered carefully before responding, his speech was measured and voice tone low-pitched. His way of holding his body was slightly stiff and awkward which is in keeping with holding anxiety in the body's musculature (Melnick and Nevis, 1997), and his overall energy was a bit 'flat' in keeping with his described long-term depression. I felt drawn to Andrew and my initial impression was of liking him and feeling warm towards him.

Andrew's willingness to enter the 'journey' of self awareness and growth made him a particularly good candidate for working within the Gestalt framework and his

previous therapy, although he reported it as being 'unhelpful', I suspected had helped him gain a level of insight already that would support him in the process.

From a dialogical perspective we had begun to establish our therapeutic working relationship and although much of our discourse could be said to be 'I-It' we had also connected in a way that would support us in an 'I-Thou' mode in future sessions. MacKewn (1997) describes the dialogical relationship as "a rhythmic alternation between 'I-It and 'I-Thou' styles of relating". (p.57), and I feel comfortable with this kind of flow between the two. I believe appropriate 'I-It' connections set the ground for good 'I-Thou' connections.

At this first session I also introduced Andrew to a meditation and a diaphragmatic breathing technique to begin practicing over the next week starting with 5-10 mins a day and gradually building up to 20 mins over the next few weeks. This would have the effect of physically addressing his anxiety and stress levels by helping to decrease the levels of stress hormones released in his body (Fox, 1996, p.41), and also to start a process of bringing Andrew 'into his body' and getting in touch with any unexpressed emotion.

I gauged that Andrew's level of support was reasonably adequate to be of benefit for this process - he had several friends who he could share with and he was living with a sister who he also reported having a good relationship with. He was working and also reported good work relationships especially with his boss.

## **SESSION TWO**

This session began with a discussion about Andrew's internal 'struggle' with depression and what it is like for him when he is depressed. Rather than giving Andrew too much information and my own interpretations of depression I wanted us to explore his experience of it in a phenomenological way. Joyce and Sills describe this phenomenological approach as staying in the 'here-and-now' moment rather than interpreting his behaviour, thus helping him to become aware of how he makes sense of the world. (p.16). Andrew described this place as a 'Black Hole' and he recognised this part of himself as being needy, vulnerable, lonely and at times desperate. As well as this more depressed part of himself, he also identified a more positive part that felt 'lighter' to him, looks to the future and believes in himself. Once these two polarities were teased out as much as possible I set up an experiment for him to explore both parts. My creative 'hunch' was that these two parts were not well integrated and thus were contributing in part to his internal struggle. Zinker (2001) talks about the beauty of Gestalt therapy allowing him to translate his own creative hunches into experimental acts without attachment to

outcome (p.45). Andrew was keen to enter into the experiment and as a first experiment it flowed well. He entered into some dialogue between both parts and realised that even though to some degree he has learned to 'accept' the more needy, 'negative' part of himself he was aware that there was something there for the 'needy' part of him about being 'welcomed home' and fully embraced. He also became aware that the more 'positive' part of himself was not quite ready to do that just yet. Once he voiced his reluctance for this he became aware of a third part of himself that he described as 'controlling and fearful' and is deeply afraid that if the needy, depressed part is 'welcomed home' then he will be totally swallowed up by the 'Black Hole'. I validated his fear and 'logical' resistance to this 'welcoming home' process at this stage. Again I wanted to stay with the 'what is' rather than push Andrew towards an integration he may not have the support for just yet. In this session Andrew also reported that he had practiced his relaxation/breathing exercise mostly every day just missing when he 'forgot'. He reported that he had had no more panic attacks this week but didn't necessarily feel the breathing was 'doing anything'. I encouraged him to continue the exercises at this stage.

## **SESSION THREE**

This week Andrew was about to have a meeting with his Dad so what was figural for him was his memories of his growing up with Mum and Dad and his subsequent rocky relationship with Dad over the years. He talked about his parents divorce when he was aged 9 years and his Mum remarrying a man who he experienced as being harsh and unavailable. He talked about feeling very fearful at that time and not being in control, and recognised that his way of handling these intense feelings was to withdraw and disengage. This I understand as a 'creative adjustment' to the overwhelming situation of abandonment and the ensuing intense feelings he had to manage in his field without perceived support. On exploration Andrew realised that this was the time when he started to enter the 'Black Hole' as a way of withdrawing and managing his feelings and helplessness. Lynne Jacobs (IGJ, p.38) suggests that this kind of "imprisonment in dread and negativity" is brought on through coping with trauma and she goes on to say that it is "used in the service of maintaining a sense of security." I believe this is what had happened for this client in many ways - the 'Black Hole' was initially a place of comfort and security. This was the first time that Andrew recognised that he had begun to enter this place voluntarily as a way of comforting himself and that now it had become a place that had lost its sense of being voluntary or comforting.

At this point he realised that he felt as if he was 'keeping something at bay' and felt exhausted with the 'fight'. I asked him what would happen if he stopped 'fighting' and as I said that he appeared to 'dissolve' before me and said that he could see an image of the two parts we explored last week - the depressed, needy, negative part and the positive, lighter part - shaking hands and embracing. I recognised that he was at the point of breaking through his 'impasse' and starting to integrate these two polarities. He was moving through the impasse to 'implosion' and to 'explosion' as it is understood in gestalt terms (Hunter Beaumont, BGJ,1998, p.81). This was most definitely an 'I-Thou' moment in this session - there was a sense of transcendence in the process and I was acutely aware of my body, thoughts and emotions as well as being exquisitely aware of Andrew and what was happening for him. There was almost a sense of timelessness and awe.

Andrew also became aware of a sense of everything 'crumbling' within him and some fear he had around that. I validated this experience and normalised it for him as a part of the process for him and he said he felt reassured. Joyce and Sills (p.131) talk about fear and anxiety being heightened as clients begin to face the impasse and begin to address the creative adjustments they have been used to. They see this process as an emergence of a 'new self' and the reforming of boundaries as the 'old self' disintegrates and the 'old' boundaries crumble. They quote Mullen (1990) thus, "The anxiety and depression that accompanies major shifts in self-understanding is precisely because the existence of the self is felt to be in jeopardy as boundaries sag and reform while a new self is in the process of emerging." (p.87). There was a sense for both of us of being 'fellow travellers' and he said it felt good for him to be understood and supported in his process.

Andrew also reported he was doing the breathing exercises and was beginning to 'enjoy' them and the sense of calmness they were giving him. No panic attacks this week although he was still feeling general anxiety.

## **SESSION FOUR**

What was figural for Andrew today was the part of him that he recognised as being resistant to the growth process that he was experiencing. I saw that the work we had done last week was probably heightening the deeper emergence of the 'new self' and he was again standing at the 'precipice of the impasse'. He wanted to explore that resistance and learn more. On exploration he identified a part of himself that he saw as critical and the that berates him, hounds him and 'sends' him to his place of depression which he talked about as being a place of 'refuge'. I set up chair work as an experiment to explore this part and he recognised this as being

the 'job' of the critical part - as soon as he recognised this he remembered a decision he made as a child that when mum & dad split up he was not going to be happy again just to 'spite' them. On further exploration he saw that the critical part and his depressed part often work 'in collusion' to keep him from 'being happy' and thus honouring that very definite former 'decision'. I offered him a 'new' place to explore - a place of compassion and encouragement in direct contrast to his more critical self. He was keen to explore this new place even though he said he felt a little 'cynical' about it and as he experienced the 'voice' of this place and had a body experience of this part of himself (he recognised this as his 'heart space'), he said he felt excited and wanted to welcome this new voice and experiment with listening to this voice instead of his usual critical voice. This week Andrew reported that he 'mostly' did his breathing exercises and that he thought they were helping his anxiety - on exploration he said he felt more connected to his body and could recognise when he felt anxious. He said he was willing to continue the exercises and he talked about making them a general part of his daily routine.

## **SESSION FIVE**

Again Andrew came to the session with his fear and resistance to his growth process figural. He again very quickly identified the part that was confused and scared and the part that wanted to complete the process. This process he understood as one of 'breakthrough' and the fear was about his sense of 'disintegrating' somehow and entering a dismantling process. I shared with him a strong image I had of a butterfly entering the cocoon and being totally disintegrated before being reborn as a beautiful butterfly. This resonated with him and said he felt really moved - he then said he felt really heavy in his arms and legs and needed to get up and move. As he moved physically he felt a responding lifting of heaviness and described the heaviness as feeling the weight of all his failures and mistakes. I suggested he try an experiment of imagining those failures and mistakes totally lifting off and seeing what was left. He immediately said that that would mean a 'clean slate' for him and that he wouldn't know 'who he was' which felt scary. He decided he needed to keep the failures and mistakes as part of his identity right now. He said he felt 'stuck' and I acknowledged that that was an OK place to be if that was where he needed to be right now. Zinker (2001) has described this place as "... the existential dilemma of being torn between the painful comfort of his existing integrity and his need for change." (p.40). My support of him in this 'stuck place', or impasse, was essential and is understood as

part of the paradoxical theory of change within gestalt theory. Yontef (IGJ, 2002) says that by supporting the client in this way without an agenda for him to move or change, "the patient is supported in growing by identification with his or her own experience." (p.24). This is the essence of 'organismic self-regulation' in gestalt terms.

Andrew and I talked about how we were 'naming' the process of what's happening to him and that the naming was making it less scary. He said that he felt he could allow the process to unfold. Andrew's breathing exercises have definitely helped him be more in touch with his bodily experience and again he reported 'enjoying' the sense of stillness and 'solidness' he felt after doing them.

## **SESSION SIX**

At this session Andrew talked about his Dad and forgiving him for the past abandonment. He said he felt a heaviness and as I invited him to stay with the heaviness he started to cry and feel the grief of that abandonment. We talked about this being a grieving for his lost relationship with Dad and all that might have been and he said he had been watching lots of sad movies this week at home and allowing himself to cry. As he sat with this grief he said that this week he had also been thinking about the abortion his girlfriend had had and he realised he was also grieving for this baby. He had felt he had no 'right' to grieve as he had wanted her to have the abortion and I validated his need and desire to grieve even so.

I felt really connected to Andrew in this session and felt that he had made the 'breakthrough' that had been glimpsed in those first few sessions. My understanding of this is that he had retroflected (as a modification of contact) his need for love and attention and his need to grieve and that now he was able to complete this interrupted cycle of grieving for the abandonment by his Dad and more recently the abortion of his baby that he did not have the internal or external support to complete previously (Joyce and Sills p.33-36). The support that I had offered in the building of our therapeutic relationship and the validation of his process had allowed him to break through this impasse and express the grief that he had previously retroflected and not allowed himself to express. MacKewn (1997) suggests that this construction of a supportive relationship is "not a preliminary stage but is the essence of therapy itself." Andrew was also internalising this support for himself, which supported his expression of grief and allowed him to engage others in this support process also. MacKewn (1997) says that, "Until they [the client] are able to complete, acknowledge or mourn the interrupted cycle, individuals are likely to interpret their world in terms of the incomplete gestalt. The need ... organises the field." (p.24). It could be that Andrew organised his field to 'rescue' others as a projection of his own unmet need

to be 'rescued' from his abandonment. Now that he has had the experience of 'rescuing' himself and completing the cycle of grief he may no longer need to project that need onto his field.

At this session we also reviewed our therapeutic journey and Andrew said that he believed he was beginning to achieve some of the goals he had entered therapy with and much more. We made a further contract for ongoing therapy on a fortnightly basis, initially for another six sessions and then a review.

## **SESSION SEVEN**

Andrew arrived looking 'lighter' and brighter and more relaxed. He also had a sense of being 'settled' and at home in his own body. His talk was about future plans and being philosophical about his growth journey and what's happening for him. He talked about coming to terms with how things are and accepting 'what is' for him and 'what has been'. He talked about his growing ability to choose his reactions to events especially his history with his ex-girlfriend and how he responds to her now. They had had some discussions and a lot of the guilt and anger that had been between them had dissipated. We talked about this effect and the link to the previous week when he had allowed himself to grieve for the lost 'baby'. The fact that his grief work might have subtly affected his relationship now with his ex-girlfriend, and the way they are relating now, I see as part of the field phenomenon that underpins all Gestalt therapy. As Yontef (1993) puts it, "In a field of energy all parts interrelate and any alteration in any part of the field ripples through the field."

Andrew also reported that he had told his work boss about his therapy and asked to defer some study that work had wanted him to do, so that he wouldn't feel so 'pressured', and the boss had been encouraging and supportive. That meant for him that he could express some vulnerability in an appropriate way and be responded to well. I noted that he was now able to begin engaging others directly as part of setting up environmental support for himself. We also discussed his ability to support himself and his way of being in the world by the choices he makes about his environment such as food, sleep, exercise, his breathing exercises, his reactions, behaviour, friends etc. This led to a discussion about his making a decision to believe certain things about himself and the world around him before they 'manifest' in the physical and he said that he felt like these were 'truths' he knew already but was understanding for the first time. He left with an image of having been given a big, nourishing plate of food to digest.

## **SUBSEQUENT SESSIONS**

We have had several more sessions since and he has retained this sense of 'breakthrough' and 'arriving on the other side'. He has a renewed sense of purpose and although he doesn't see this process as completed just yet, he has been able to hold the more 'compassionate' voice in view and allow it to influence his experience to a greater extent allowing a softer and more relaxed approach to himself. He is experiencing increased energy levels and I understand this in part as a release of the energy he was using to 'split off' his grieving self and suppress his expression of grief (Joyce and Sills p.137).

The biggest 'achievement' he has reported is the cessation, at this point, of his panic attacks - although he reports his anxiety is still there to some extent, he describes himself as being more 'in touch' with it and says it has greatly diminished. Melnick and Nevis (1997) talk about the emotional energy that gets 'trapped' in the body and suggest that if there is no muscle release then anxiety is the result (p.100). Andrew's growing experience of releasing the emotional energy of his grief would be a big part of this diminishing of his anxiety and panic attacks as well as the breathing exercises he has been doing fairly faithfully the entire time we have been working together. I also see his commitment to doing the breathing exercises as indicative of his overall commitment to this therapy journey and it has definitely supported him along the way.

Another big change for Andrew was his decreasing interest in internet porn which he saw as meaning he was dealing with his anxiety in more appropriate ways. He also reported entering into a new relationship with a woman who he was especially interested in and who he felt was not needing to be 'rescued' but was available for a committed relationship. He saw this as a shift from a 'virtual' relationship (the internet porn) to a real live relationship and that meant a lot to him.

## **CONCLUSION**

This was quite a journey for me also as well as my client and I feel enriched by the sharing of it with him. Zinker (2001) describes Psychotherapy as a 'lively process' and this is what my experience has been of this client on this journey. Zinker goes on to say that this Psychotherapy involves "exchanges of energy with the other ...which stimulate and nourish the other but do not deplete one's own vitality and power." (p.39). This has been my experience entirely and rather than feel depleted of energy and power whilst working with this client I have felt energised and enriched as I have watched him grow and expand his sense of 'self'.

My understanding of Andrew's journey is that it was in part a 'birth' of a 'new' self and my role in that was as 'midwife'. The 'birth' has been a lengthy one in terms of natural time and our therapeutic part of the journey but a small part of the bigger journey. Zinker (2001) alludes to this 'birthing' and tells us that it "takes time to be born" and that it "takes patience to be a midwife". (p.43). My professional journey as therapist has been about learning that patience to be 'midwife' and to delight in the 'babies' that are birthed. My inclination to support and 'hold' Andrew through this 'birthing' process, and not to push it or 'abort' it, I see as a paramount part of our journey. Mullen (1990) recognises this when he says, "The artfulness of the therapist is called into play to support the person while [his] boundaries expand and reform and 'hold' [him] until a new self emerges." (p.87).

My dialogical approach throughout our sessions I also see as supporting Andrew well on his growth journey. Yontef (IGJ, 2002) says that, "When the therapist practices inclusion with authentic presence and commits to what emerges in the contact, conditions maximum for growth and healing are created." (p.25). Most of the time, especially during the experiments and imagery I had no agenda for outcome or knowledge of where our explorations would lead, just a trust in the process and an endless fascination for the journey and where it took us. This is the 'dance of therapy' that so excites and stimulates me and makes each meeting with a client full of anticipation (mostly!). I see my curiosity about my clients as being a foundation to my therapy and Joyce and Sills include a discussion of this kind of therapist curiosity in their discourse on Phenomenology and Field theory (p.21) - "You need to be simply curious about all that the client experiences."

Zinker (2001) talks about the therapist as learning how to "listen ... without wanting, to touch without desiring, to love without squeezing, to gaze without becoming overly pedantic". (p.47). There is a lightness of being and an almost sacred reverencing of the client in that image which resonates with me as I think about myself as therapist and especially with this client. I think that holding that 'lightness' and 'sacredness' has allowed me to develop a dialogical style of therapy which not only allows the client to unfold naturally but which enriches me as I enter in to that space. Zinker so beautifully describes this space as a place where he feels "pure, good, beautiful, powerful, holy, rich, sweet, magical."(p.48). He goes on to say that this experience is one of transcendence and for me this is what makes being therapist a 'spiritual experience' on some level. This is what gives me my passion for therapy and for the privilege of being 'midwife', and I gladly enter into my own continuing personal and professional journey.

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