

Ethics is indeed an extremely broad and complex subject area. Distilling an ethic in terms of Gestalt Theory and then the practice of gestalt psychotherapy is also huge in breadth. And yet ethics are ever present in our practice and the basis for the development and progression of the client-therapist relationship. It is therefore intrinsic to the healing process. “ When relationship and connection are valued over autonomy and separation synergy over hierarchy or solo heroics, participation over authoritarianism an ethic emerges with implications for the practices of psychology.”(Ullman,D., in Lee, 2004. p69.)

Like all therapies, Gestalt psychotherapy, with its process orientation and its relational orientation values, sit within a cultural context of the era. In Freudian times therapists presented as detached, unemotional, whose values were not seen as relevant to the patient’s treatment. (Melnick, et al. 1994, p.106.) Therapists were busy interpreting their ‘subjects’ and studying people with ‘objectivity’ and ‘scientific precision’. Within the cultural context of massive societal change with the introduction of for example, the TV and computers, society became fascinated by feedback and interaction. (Melnick, et al. 1994, p.106.) Here gestalt therapy proposed change (healing) coming from experience with Perl’s emphasis on the authenticity of the patient/therapist encounter. (Melnick, et al., p.107.) Contact at the boundary was where the action would emerge. The therapeutic relationship was acknowledged as the place where creativity and growth could occur.

When I undertook my first gestalt training, I clearly remember the shift from what felt like ‘head’ to ‘heart’. Previously when I worked as a social worker I “figured things out” by ‘facts’, ‘observations’, ‘opinions’, ‘bodies of knowledge’ and ‘current thinking’. While I did have an ability to empathise with the client, the shift with gestalt training involved trusting what I experienced as being relevant and importantly, trusting the client’s experience. I saw more of an emphasis on the interaction between myself and the person I was working with. I began working with ‘awareness’ and the ‘paradoxical theory of change’. Further, because of the gestalt emphasis of ‘unfinished business’ and ‘blind spots’ there was more of a feeling of healing toward the ‘whole’. In other words, contact.

But what is the healing process from a Gestalt perspective? Lee describes this as an ongoing simultaneous process of the figure testing the ground and the ground testing the figure. (Lee,2004. p.17). He argues that the field must be healthy for healthy growth to occur. Further, the environmental field is part of the individual and the individual is part of the environmental field. It is because of this understanding of field theory and connections that ethical values are intrinsic to healing. The field must be healthy for the individual to be healthy.

For a healthy change and healing process to occur there needs to be an element of surprise, the creation of a new interpersonal boundary, mutual feelings of connectedness, leading to a temporary dissolution of boundaries, followed by a new organization of boundaries. (Melnick et al., p.110). Gremmler-Fuhr describes the basic process model as the continuous repetition of identification and fusion and confluence through the phase of dis-identification and differentiation to integration. (Gremmler-Fuhr, 2001. p. 30). In these moments an intense intimacy may occur between the client and therapist. A contactful experience but one where the client is very susceptible to the therapists prescribed meaning for what is occurring. Here lays the ground where ethical dilemmas can take place. For example, in referring to 'touch' in therapy Smith quotes a long known wisdom that "the message sent is not necessarily the message received". (Murray et al., in Lee, 2004. p.146). This is, of course, not confined only to touch but it could be seen as equally possible in many situations experienced as intimate by the client.

In an attempt to recognise that there are values underpinning gestalt theory and practice, Gremmler-Fuhr outlines these implicit and explicit value judgements. For example, the author says good values could be described as spontaneity and creativity; contact and encounter; to show one's feelings; to be open; to be authentic and to consider one-self to be equal with clients. Bad values on the other hand, would be seen as automatic behaviour or routine responses to the client; to avoid or break off contact; to retroflect one's feelings and impulses; to be closed to others; to control our feelings, impulses, thoughts and to exercise deliberate power over the client. (Gremmler-Fuhr, 2002, p.35).

Building on this and as a parallel to the transformative process/ the healing process, Gremmler-Fuhr moves through the phases of 'identification,' to 'differentiation', and then to 'integration', as a suggested outline of a Gestalt Therapeutic Ethic. (Gremmler-Fuhr, 2001, pp. 36-38). Here the normative ethics are one pole and that this pole needs to be initially accepted, moving to differentiating ethics, that is, the bi-polar view of each pole is equally valid for me and finally integral ethics, where good and bad, beautiful and ugly etc, are all dissolved into a unity. Integration means that we form a unity of the parts, without diminishing any of the parts or losing any of their qualities. This kind of model offers the practitioner a way forward in working with clients that recognises the inherent power imbalance between therapist and client and offers a way forward that works with process as opposed to a list of 'do's' and 'don'ts'. It is not so prescriptive but informative and recognises 'what is' already there. In other words we do not arrive at the contact boundary with the client as a blank slate. We are influenced by among other things, our gestalt training, gestalt theory and our gestalt experiences. To deny this would be a falsity. Further, Gremmler-Fuhr argues that it is impossible not to form value judgements. A process perspective itself places a higher value on process

orientation and is considered better than a mechanistic or static approach. (Gremmler-Fuhr, 2001, pp. 25-26).

Indeed, it is these very values that first attracted me to the practice of gestalt psychotherapy. It is in the quest for authenticity and the ability to show and use my own feelings and responses that to me allows for a 'real' healing process to occur. It feels like we are 'sitting' in the 'truth', and that although this experience at times defies naming or the words to explain what is happening or has happened, there is a 'knowing' that healing is happening, almost on a cellular level. The recognition of this experience in the client-therapist relationship, is to me, what makes gestalt psychotherapy unique and a powerful force for healing and change. It is the relationship that is intrinsic to the process.

Because gestalt therapy is relational and about trusting the experience, gestalt therapists are generally not seen as keen to develop a list of do's and don'ts that are prescriptive to practice. In an article on Ethics and Training, the authors question whether the values and ethical standards of professionalism are actually antagonistic to gestalt practice. (Brownell, et al., p.1). And yet many gestalt practitioners come with backgrounds in psychology and/or social work and would still be bound by these Codes of Ethics and somehow seem to marry the two. Indeed, we live in a society where professionalism, transparency and accountability are beginning to be valued. This sounds to me awfully like 'putting the light on the shadow' or 'working with the polarities'

GANZ- Gestalt Australia and New Zealand - is an Association of Gestalt Practitioners and has a listing of its Code of Ethics. (GANZ, 2000 Web Page) This list has not be imposed from the 'outside' but developed by an Ethics Committee, coming from the membership. It is accepted by the membership as to what constitutes ethical practice. It is a guideline of both Ethical Principles and Ethical Responsibilities. Its purpose is to establish standards of ethical practice for members in support of the member's integrity and for the information and protection of clients/trainees/students/supervisee. As an ethical principle, it recognises there is an inherent imbalance of power between the therapist and client. The Code outlines ethical responsibilities to the client, including professional boundaries and flags the importance of confidentiality. Further, it recognises the needs of the client taking precedence over the personal needs of the therapist. It is not OK to exploit the client sexually or for personal, financial or other gains. The Code suggests, that the therapist be encouraged to look after them-selves if, for example, the therapist believes their own physical or mental health or self-esteem is endangered. By way of protection for the client the Code also outlines a complaints procedure.

The GANZ, Code of Ethics are broadly accepted as guidelines and principles; a starting point that concretises what could generally be described

as 'good practice', ethical practice. Yes, abiding by these could be seen as 'staying on the right side of the law'. However, here the law has been developed by the membership and is broadly accepted as a parameter of practice. If the field is healthy, then the individual is healthy. "If we want people to grow, in healthy directions, throughout their life, then we need to support them sufficiently through our interaction; supporting means connecting with them sufficiently, connecting with them in a manner that will offer the least chance to induce ground shame in them or us, namely in a fashion that will offer an opportunity to them and us to meet with mutual respect in accordance with who we each are." (Lee, 2004, p.24). The Code of Ethics could therefore be described as offering support, in and of itself to the practitioner. It also offers support in its recognition of the need for professional supervision and it offers support to the client in outlining general expectations of standards of practice, as well as offering a forum for complaints if 'things go wrong'.

Deborah Ullman says there are three broad principles of ethics for psychologists. The first, being to 'do no harm'. This is also referred as the 'scope of practice'. Here the practitioner is encouraged to maintain a high level of competency, while at the same time understanding the limits of one's own expertise. She further acknowledges a diminishing capacity for assent..."always understanding the position of the client, patient, student, research participant as one of innately diminished power." (Ullman, in Lee, 2004, p.75). Indeed, to come to the therapy room with a non-judgemental stance. This raises questions as to the appropriateness of dual relationships with clients and recognises the inherent and potential problems in such relationships. It is likely that if anyone is to be 'hurt' in a dual relationship, it would be the one with the least power.

I don't think anyone would seriously argue that a sexual relationship with a client is ever appropriate and yet this does happen. Referring to the ethical implications of hierarchies Gremmler-Fuhr notes that by definition there is no denying that there is an incline in competence, awareness and power between the therapist and client and yet at the same time they may meet as equals on a personal level. (Gremmler-Fuhr, 2001, p.41). It is perhaps here, at the contact boundary, that confusions and transgressions can happen. Things can 'feel' so 'equal'. The relationship can 'feel' so 'equal', so contactful. However, this position fails to recognise an inherent power differential in the relationship. So a sexual encounter with a client will always be an unequal power dynamic and by that definition will be abusive for the client, even if the client does not experience it that way at the time. It can therefore never be part of the healing process.

Melnick et al., argue that ethical transgressions can be much more subtle than gross transgressions such as sexual abuse and yet these subtle forms still interrupt the healing process. (Melnick,1994, pp 111-112). They site examples, such as when the therapist states too much too soon for where the

client is up too; or where the therapist speaks from their own ethical base or bias and/or fails to acknowledge when their values are different from the clients. Other examples, include an over emphasis on one of the polarities of dependency-independence, where one is focussed on and valued more than the other. Their final example concerns the client's emotions, where the therapist is unable to tolerate the client's expression of emotion and looks to a quick fix due to their incapacity to bear the pain, or avoiding the client when the client is expressing anger at the therapist. To me these examples highlight that the therapy can only be as 'good ' as the therapist. In other words the client can really only go as far as the therapist has been. As Gremmler-Fuhr points out, the therapist can only support the client's moral development if he/she has an awareness of the respective experiences and reflections pertaining to the client's moral level of morality. (Gremmler-Fuhr, 2001, p.41).

All of these so called subtle breaches occur behind closed doors. There is no reason why we as therapists should be automatically more advanced in ethical or any issues for that matter, than our clients. We do however have a responsibility to seek supervision; to discuss with peers; to attend to our ongoing professional development needs and to generally seek support for ourselves as therapists. We don't need be perfect; we do need to be comfortable with our limitations and be open to feedback. In my experience, issues re-cycle around, if I miss it the first time it will often re-appear, perhaps in another guise. While I am sure there can be huge difference in capability between a practitioner working in the field for 40 years and someone in their first few years of practice, to me it is this commitment to the process and working with what is in the field that the healing process actually looks like.

In conclusion, I have argued that ethics is more than a question of staying on the right side of the law. It is such a complex and broad subject area and yet it is essential for therapists to develop in this area so as to guide and support us in our practice with our clients; to allow us to offer 'best practice' and to provide a safe environment to contribute toward positive change and growth. Indeed, ethics is more a basis for the development of the client-therapist relationship and is intrinsic to the healing process. We are not two people meeting on the bus. There is a power differential, which makes the relationship unique. For a therapeutic healing process to take place, it is essential that the power imbalance be recognised and that the therapist is aware that for successful contact to occur, professional boundaries be maintained, thus providing a safe, shame free environment for the client to grow. Further, it is the therapist's responsibility to create this non-judgemental atmosphere, where safety and trust can exist, allowing for creativity and possibilities for change, healing and growth to occur. Indeed the client is entitled to support and to be understood by the therapist but equally the

therapist must be supported. When the field is healthy and supported there is potential for the individual to be healthy and supported.

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