

Fourth Level Special Project

**“Creativity in Gestalt Therapy: Working with
Children and Adolescents”**

Tuesday, 9th October 2007

“Much of what we do in therapy relates to childhood memories, experiences, introjections. Many of us are still doing the things we did as children - those things we needed to do to survive, to get through. They were the only things we knew to do at the time. We may still be doing those things, although they may now be inappropriate and may greatly interfere with our living.”¹

My area of special interest is adolescents and children. My choice was informed by my role as a grandmother and my long experience as a teacher and then as a school librarian. Further, in my small experience as a therapist, the mothers I have worked with bring their children with them as a part of their field. In my own therapy I am in the process of looking at my own childhood, at what happened to me as a child and hence, am engaged in completing my own ‘unfinished business.’ Accordingly, I will be looking at the work of leading practitioners and theorists in the field and fitting this into my own theoretical, ethical and practical framework and practice as a beginning Gestalt therapist.

My starting point was to review the work of Gestalt writers who have most influenced my practice so far: Judith McKewn and James Kepner in particular, because of their ‘how to’ content as well as their theoretical expertise. However, Philip Lichtenberg’s work was invaluable for reminding me of the context of ‘classical Gestalt theory’ into which the whole notion of working with children fits:

“ The method of our founders was to question reality and the answers they came up with are congruent with the basic principles of ‘staying with’ what works and evolves with ‘what is’ rather than falling into the trap of ‘what should’ or ‘should not’ be”.²

Accordingly, I went on to read the work of Violet Oaklander, Peter Mortola and Mark McConville as they are leading practitioners in the field of adolescent and child Gestalt therapy. I found Ruth Lampert’s work, A Child’s Eye View, more difficult to access, despite the inclusion of an index. However, I think her contention that

¹ Oaklander, Violet, Windows to Our Children, Gestalt Journal Press; Highland New York, 1988, p. 299.

² Lichtenberg, Philip, Classical Gestalt Theory, Lobb; New York, 1992, p. 24.

“individual therapy can be successful with only minimal family involvement”³ is useful and aligns her philosophically more with Oaklander than with McConville.

Violet Oaklander’s Windows to Our Children is something of a ‘bible’ of children’s therapy, and I have read it religiously from cover to cover! Moreover, as there is no index this close reading was all the more important, and it was worth it. Her work is inspiring, informing and remarkable in its scope, Violet’s creativity, compassion and “down to earth” intention to write an “easy to read” guide about “what I do, how I do it and what I think about working with children,”⁴ has been an overwhelming success.

I find that, like Oaklander, I “remember very clearly what it was like to be a child”⁵ and can recall very clearly the ‘landscape’ of my childhood, but unlike her I have no actual experience as a therapist with children. I am sixty years old and am only really now beginning to explore what it felt like to be a child in my family of origin. I realize that in my resistance to exposing myself; to the pain and to the shame of it all I have effectively shut myself off to the memories that might disturb the equilibrium of the adult life of responsibility, civility and functionality that I needed to create. At this point, however, I recall Oaklander’s recognition that in order for growth to take place this equilibrium must be disturbed. Emotions lying under the surface must be expressed in order for the cycle of growth to continue.⁶

This issue is taken further by Peter Mortola in his article on the connections between child development theory and gestalt therapy theory. He demonstrates that the concept of disequilibrium is in fact at the very heart of the developmental theories of Dewey, Freud, Erikson and Piaget.⁷ Interestingly, it is Piaget who describes self-regulation in terms of ‘internal reinforcements.’ To quote Piaget:

“The internal reinforcements are what enable the subject to eliminate contradictions, incompatibilities and conflicts. All development is composed of

³ Lampert, Ruth, A Child’s Eye View: Gestalt Therapy with Children, Adolescents & Their Families, Gestalt Journal Press, Gouldsboro ME, 2003, p. 109.

⁴ Oaklander, op cit. n. 1, p. 319.

⁵ Ibid, p. 319.

⁶ Ibid, p. 265.

⁷ Mortola, Peter, “Sharing Disequilibrium: A Link Between Gestalt Theory and Child Development Theory,” 5(1) *Gestalt Review* (2001) pp. 45-56, p. 45.

momentary conflicts and incompatibilities which must be overcome to reach a higher level of equilibrium.”⁸

As the quote from Piaget brings to light, equilibrium is in fact maintained by way of the resolution of those incompatibilities and short-term conflicts that the child encounters as a matter of course on its developmental path. Those very things, for example, a conflict of loyalty, that the child might perceive as a momentary threat to his/her safety and stability are somewhat paradoxically the very things that promote the child’s growth and development.

Mortola outlines the ways in which the concept of disequilibrium has been taken up by gestalt theorists, Perls, Hefferline and Goodman in particular, and emphasises the central role it plays in Gestalt theory. For Mortola:

“the concept of disequilibrium is used to describe the “destabilization” experienced by children as they move towards and into more complex levels of development.”⁹

Instead of pathologising the child’s or adolescent’s behaviour as might occur in a more interventionist therapeutic model, Gestalt therapy is unique in providing an approach that acknowledges and enables the organisms processes of self-regulation by moving through periods of developmental disequilibrium, thereby facilitating growth and change.¹⁰ In this, Gestalt therapy demonstrates an inherent recognition of the notion that children, as we all are, “are constantly engaged in an ongoing process of movement through disequilibrium on their way toward more complex levels of organismic equilibrium and balance.”¹¹

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My own resistance draws me to look at the way Violet Oaklander handles situations when children feel embarrassed or wary, especially in front of a group; or when they are so “closed tight and protective that they are unable to go freely into imagination”¹². She encourages them to engage in the process anyway, even though it might appear crazy, silly or difficult. Oaklander models this by taking part in the activities herself, by drawing, finger-painting and playing with puppets alongside the

⁸ Piaget, Jean, Biology and Knowledge: An Essay on the Relations Between Organic Regulations and Cognitive Processes, University of Chicago Press; Chicago Illinois, 1971, p. 373.

⁹ Mortola, op cit. n.7, p. 45.

¹⁰ Ibid, p. 55.

¹¹ Ibid.

¹² Oaklander, op cit. n. 1, p.196.

children .For example working with clay has unique properties as a therapeutic tool as it allows the children to express their emotions in a directly tangible and tactile way. By pounding, pinching and rolling the clay the children are able to release pent-up energy and emotional blockages.

Oaklander respects this resistance and insists that it must be taken very seriously, that it is integral to the process itself; she acknowledges it so as to:

“move delicately past, over it, around it....children may giggle, make disgusting noises and make sure that others know how crackpot it is and think that it is not good or clever... I expect them to accept and go on with my business and once the children are sure that the group and I are taking this activity seriously, they generally get right into it”¹³

In fact, every time we meet resistance, “this is too hard, this is too much, this is too dangerous,” this ‘impasse,’ as Fritz Perls calls it, it is a sign that the child is on the very edge of giving up an old pattern and on the path to a new way of being in the world.

In the first session the child ‘sizes up’ the therapist and it is important that the child hears every word that is said about her and is given an opportunity to speak about what she hears her parents say about her. Even if she says little and just watches and observes, the child will realise that the therapist is fair, and will be spared the pain of fantasizing about what might have been said. This is the beginning of building a working relationship with the child where openness, fairness and inclusion allows trust to develop and the real work to begin.

That the client should be a witness to what is said about her, is a principle shared by each of the therapists I have reviewed. Mark McConville writes about the particular task of working with adolescents “Trust and confidentiality, important with all clients are crucial with adolescents” and recommends that all “stakeholders be present during the first session” but after this “the information should not go both ways; the teen hears everything said by the parent but has final approval over the information that the

¹³ Ibid.

parents receive”¹⁴ As a teacher and a librarian in a secondary school I completely agree with the primacy of confidentiality, with the exception of mandatory reporting requirements. As a librarian in a small school with no counsellor I was often a sympathetic ear, students came to me for information, often about reading and sometimes about deeper and more personal issues. One occasion in particular stands out in my memory. Early one Monday morning, just before a school assembly a student who had a leading role in the school play I was co-directing knocked on the library door in a distraught state.

Over the weekend Scott had made a suicide pact with his friend from another school. He had now changed his mind and had a serious dilemma. As his friend was at another school he had no immediate way of contacting him to let him know that he had decided not to go ahead with their plan. Scott felt that he could not tell his parents, and yet, clearly, he needed to act as his friend’s life depended on it. At the time I certainly did not realise that what I was witnessing was an impasse: I did know, however, that Scott did want to save his friend’s life and that he was struggling with the loyalty he had to his friend and potentially betraying his confidence in the process. Fortunately, with support Scott was able to resolve the impasse; the counsellor at his friend’s school was contacted and the suicide did not take place. At that time all I was determined to do was to ‘stay with’ him until he was willing to allow someone to phone his parents. This process took six hours in all and the longest task was in bringing Scott to the point where he felt he could face his parents, especially his father. My experience with Scott, although I would not have articulated it in this way at the time, demonstrates, to borrow Lichtenberg’s words, that “staying with what works and evolves, with ‘what is’”¹⁵, is a central and guiding principal of Gestalt theory.

As Mark McConville states, “the central notion of Gestalt therapy... is *contact*.” Contact, he argues, is “to psychology what the speed of light is to physics – the constant or framework that relativises all the rest.”¹⁶ Contact is both “deceptively

¹⁴ Toman, Sarah, Bauer, Ann, McConville, Mark and Robertson, Bruce, “Adolescents: Development and Practice from a Gestalt Perspective” in Woldt and Toman (eds.), Gestalt Therapy: History, Theory, and Practice, Sage Publications; California, London, 2005, p. 192.

¹⁵ Lichtenberg, op cit. n.2, p. 24.

¹⁶ Toman et al, op cit. n. 14, p. 185.

simple” and “theoretically powerful and complex.” McConville, in his work on development, emphasises the fundamental interdependence of contact and boundaries. As the child/adolescents’ capacity for contact develops, he maintains, this contact necessarily implies boundary (which gestalt therapists term a contact boundary) and this contact boundary implies meeting and joining and separating. As this contact process evolves over time, the contact processes of a 6-year-old are very different to the contact processes of the same child, whether at 15, or at 22.¹⁷

The dynamic of meeting and joining and separating that McConville identifies is a process necessary to the relational self, it is a means by which the self negotiates its relation to the other. James Kepner defines this self function as “the process by which the self organises, manages and modulates the process of contact,” the self “being that aspect of the organism (person) that organises, modulates and experiences the process of contact (contact being interaction at the boundary).”¹⁸ McConville adds that “the concept of contact locates the action in the ‘here and now’, in the concrete experiential boundary between person and person and between person and environment....whatever has made a person what he/she is today (which is to say all of his/her development) is present in the present concrete moment of contact, in the way the person engages others and the environment.”¹⁹

The interconnectedness of the child’s sense of self and how crucially this affects the benefit they will derive from contact is strongly emphasised by Oaklander. It is, she stresses, the strength of the child’s sense of self that determines the quality of contact that the child will have with their environment and the people within that environment. The underlying basis of a child’s sense of self is informed by the health and uninterrupted development of that child’s senses, body, feeling and intellect. Any sort of impairment in the child’s contact function, that is, in what Oaklander describes as “their tools of contact... looking, talking, touching, listening, moving, smelling and tasting” will indicate that the child needs help. A strong sense of self, she emphasises, predisposes good contact, whereas, that a child is in need of help will be manifest in the difficulty they may encounter in their contact with adults, their friends, their

¹⁷ Ibid, p.184-185

¹⁸ Kepner, James, Healing Tasks, Jossey Boss; San Francisco, 1995, p. 59.

¹⁹ Toman et al, op cit. n. 14, p. 185.

family and their environment in general.²⁰ My own work in therapy is allowing me to see how my early childhood experiences of leaving my family home at nine months and not returning until I was two and a half years old, is profoundly affecting my sense of self; of being too much on the one hand and not enough on the other.

However, as Toman and Bauer point out, the self is never static, for development necessarily “implies that the self, and even the field, is changing and shifting over time.” They emphasise that whilst Gestalt theory focuses on the here and now it also endorses change. Such an emphasis is crucial when dealing with adolescents who are negotiating their place in a wider field, their life-space is rapidly expanding to include more complex relationships and they face greater demands on their ability to relate and function in an increasing number of different contexts and environments. McConville, on whose work Toman and Bauer rely, describes “the changing developmental tasks of adolescence as maintaining a place in the family field (a place of belonging) while also forming a “self” separate from the family” which may manifest in “rebellion, disowning, separating or... disembedding”. Adolescents are learning how to “shift from field to field” as they develop emotional independence and differentiation of self. The shifting and changing adolescent self is, as Toman and Bauer observe, often not well tolerated by the family. The family, attempting to maintain its own equilibrium, becomes a site of conflict as it cannot adapt to the developmental shifts of the adolescent.²¹ To quote Toman and Bauer:

“On the basis of contact style, resistance and boundary formations, families can differ in their responses to adolescents’ progress towards self-reliance or embedding.”²²

McConville develops an invaluable framework to describe the contact style of families. Confluent families are those families more concerned with feelings than behaviours where conflicts are considered a family failure. Projecting families often blame or scapegoat the adolescent for what is dysfunctional in the family field. Retroflecting families are often very reserved and turned inward, they are restricting

²⁰ Oaklander, op cit. n. 1, p. 57.

²¹ Toman et al, op cit. n. 14, p. 182.

²² Ibid, p. 185.

and “conflicts are swallowed and internalised”²³. Deflecting families focus on superficial issues, without acknowledging feelings at ‘the heart of the matter’. Desensitised families seem dead, withdrawn or hopeless and the adolescent may engage in risky behaviour to feel more alive and separate. Families undeniably constitute a major part of the field or “life space” and these insightful categorisations provide an extremely useful point of reference when engaging with children and adolescents in the therapeutic process. In my own experience and in my function as a teacher/librarian I have encountered all of these family models and to be able to identify them in such a cogent fashion will be invaluable to my understanding of such a major part of a child/adolescent’s field.

Anna Freud’s organising construct of four developmental lines provides a useful measure for charting interruptions in childhood: dependency to self-reliance, development towards body independence, egocentricity to companionship and play to work.²⁴ Gestalt therapy places these conditions for a child/adolescents’ development in the context of the field and this is where change happens. Changes occur across the developmental lines, both within and external to the child but always in the context of the field, so that tasks begun as a baby continue into adolescence; for example, the developmental line of dependency to self reliance is accelerated with a toddler walking or an adolescent driving a car, both resulting in a dramatic extension of the field. When adolescents present in therapy with bodily symptoms such as bed wetting it pinpoints developmental disturbance on the developing towards bodily independence line. I spent many hours during teacher-parent interviews and library working bees listening to parents express their absolute bewilderment and anxiety over the fact that their son/daughter can go from acting as a child to acting as an adult in a nanosecond! However, explained in these terms this behaviour now seems perfectly reasonable; given the ever increasing complexity of the tasks and expansion of the field as the child grows older.

The ideal working model for child development, as mentioned earlier; is “the healthy, uninterrupted development of the child’s organism, senses, body, emotions and

²³ McConville, Mark, Adolescence: Psychotherapy and the emergent self, The Analytic Press; Cleveland, 1995, p. 156.

²⁴ See Toman et al, op cit. n. 14, p.184.

intellect, is the underlying basis for the child's sense of self. As each need surfaces and is met without hindrance, not only is there homeostasis and balance, but new levels of growth and development."²⁵ (This statement also encompasses the goals for a developmentally appropriate approach to children's therapy, as articulated and pioneered by Violet Oaklander). However, the one thing that adolescents/children have in common when they undertake therapy is some impairment to the contact function. Children do the best they can to get through their lives and in the process pick up beliefs about themselves and their world which, while they allowed them to survive at the time, now hinder them from experiencing a full and creative existence. A range of behaviours from being overly good to aggressive and hostile; from being withdrawn to incessant chatters; are all attempts to cope in a world where their needs are not being met. Also they have 'introjected' faulty information about themselves and grown up with flawed beliefs about themselves, such as 'I am clumsy', 'I am bad', 'I'm not pretty', 'I'm not clever' and 'I'm too fat', 'I'm too much'.

How the therapist works to build a child/adolescents sense of self, strengthen contact functions and renew his/her with body, senses and mind is very important to the efficacy of the intervention. Children do not come into therapy knowing what they want to do, work through, or discover; nor do they usually come willingly, this is particularly the case with adolescents. It is the therapist's role to devise the means by which they can explore their inner world. As the following quote from Oaklander so eloquently expresses recovering a person's birthright acts as a rebalancing process that opens the way to fullness and creativity. Restoring the client's acceptance of their own uniqueness or 'differentness' as she puts it, is really the essence of therapy.

“Whenever I work with a child, adolescent or adult I know that we will have to go back and remember; regain, renew and strengthen, something that she once had as a baby, but now seems lost. As her senses awaken, as she begins to know her body again she can recognise, accept and verbalize her wants and needs and thoughts and ideas. As she learns who she is and accepts who she is in her differentness

²⁵ Oaklander, Violet, Group Play Therapy from a Gestalt Perspective: How to Do it, How it Works, Whom it is Best For, Sweeney D S, Homeyer (ed.s), Jossey Boss; San Francisco, 1999, p. 165.

from you, then she will contact you and you will know it. She can do this whether she is 3 or 83.”²⁶

Joseph Zinker believes that there are two main elements for engaging the creative process: firstly, a kind of ‘loving curiosity’ or asking oneself “what’s it like to be a person like him/her?” and secondly, a “radical identification” with that part of the client’s personality that is “waiting for permission to experiment with novel or startling ways of experiencing him/herself.”²⁷ In this model the therapist invites the client to come on an adventure, an adventure that starts initially with an acceptance of the person’s ‘child’. Zinker describes what he terms “the beauty of gestalt therapy” as that which “allows me to be phenomenologically true to what is there and at the same time allows me to translate my own creative hunches into experimental acts.”²⁸ I find Zinker’s encapsulation here intriguing and I recognise in it great potential for working with clients of all ages. He, fascinatingly, posits that the creative leap is of such transformative potential as to go beyond therapy and affect every aspect of one’s life:

“this kind of leaping – of jumping over possible objections or resistances – is the defining characteristic of the creative process in all areas of living and working, not just gestalt therapy.”²⁹

As the preceding paragraphs indicate I feel that Oaklander and Zinker work, in many ways, in a similar, respectful, creative and sensitive manner; both of them using a whole palette of methods to access and restore the inner worlds of their clients, reawakening them to a myriad range of possibilities and choices. There are some elements of Oaklander’s techniques that I find to be particularly insightful. Somewhat surprisingly Oaklander emphasises the value of using projection in her method of working with children. Projection, she maintains is in fact “the basis for all artistic and scientific creativity.”³⁰ Whilst recognising that projection is a ‘defence mechanism’ she encourages it as it enables the child to put what is inside outside and for the therapist it reveals the child’s “anxieties, fears, fantasies, avoidances, frustrations, attitudes, patterns, manipulations, impulses, resistances, resentments,

²⁶ Oaklander, op cit. n. 1, p. 59.

²⁷ Zinker, Joseph “Creative Processes in Gestalt Therapy: The Artist as Therapist,” XIV (2) *The Gestalt Journal* Fall 1991, p. 72.

²⁸ Ibid, p. 78.

²⁹ Ibid, p. 78-9.

³⁰ Oaklander, op cit. n. 1, p. 193.

guilts, wishes, wants, needs and feelings.”³¹ Often, she emphasises, it will be the only way that the child will reveal his or her inner world and hence is an essential ‘window’ into the child’s world. However, as she warns, one must be careful about using projection in this way as it is extremely powerful and, although she does not say so, it clearly requires great skill and delicacy.

The creative, expressive and projective techniques Oaklander uses are all significant ways for helping children to express the parts of themselves that they are keeping hidden and locked away. Not only do these techniques help to strengthen “lost parts of themselves” but they, importantly, are invaluable when dealing with and confronting negative introjects.³² She reminds us that negative beliefs that children develop about themselves can never be changed by an outside agent, but they can be addressed in the therapeutic relationship by helping the child to develop a stronger sense a self, namely: who they are (and *not* who they are not), what they want, what they like and dislike, what they think about and what their ideas are.³³ Particularly useful devices that Oaklander has developed for dealing with negative introjects are “the scribble” and “the “squiggle,” both of which enable the child to read in the random pattern what it is that they really need to express. When a child expresses extreme anger in the course of a session the activity of drawing can provide a powerful release and might also provide a means for expressing these feelings verbally. Oaklander gives one particular example of a seemingly sullen and withdrawn thirteen year old girl who drew an “anger picture” of light bright colours surrounded by thick black borders. The girl’s description of her picture was: “anger surrounds me and squeezes the good feelings and they can’t get out”³⁴ The picture provided a crucial starting point for helping the girl to talk about her anger and to find ways to discuss the things that were making her angry. The expression of these pent up angry feelings allowed her good feelings to emerge.

Working with puppets is a technique Oaklander uses when working with children who are reluctant to speak for themselves, to say directly what they feel. Puppets, she explains, provide distance and make the child feel safe enough to reveal aspects of his

³¹ Ibid.

³² Ibid, p. 278.

³³ Ibid, pp. 277-279.

³⁴ Ibid, pp. 43-44.

or her inner life. Puppets are useful tools for overcoming resistance. Oaklander gives one particularly memorable example of a ten year old child, Janice, who repeatedly refused to consider adoption and would not even talk to her social worker, with whom she otherwise had a good relationship, about it. Oaklander asked Janice to choose a puppet who could be her voice, and she chose a funny floppy girl doll. Janice was able to tell the doll that she was afraid not only of being adopted but that adoption would result in her being separated from her brother and sister. Oaklander also asked Janice to draw her fear and she drew a big solid black box. Oaklander asked the puppet to describe Janice's drawing. The puppet doll said that she would prefer to stay in foster homes than to be "locked away."³⁵

I have found reading Violet Oaklander's work inspirational. "Can you imagine what it is like to have someone so interested in your work that he spends years participating in it, analysing it and writing about it?"³⁶ asks Oaklander in the foreword to Peter Mortola's book, "Windowframes". My danger was in becoming completely confluent with Violet Oaklander, all the more so because this is how I functioned in my family of origin, the 'good child'; but not 'good enough' to find my way back when I was returned by my grandmother at two and a half years of age! Very fortunately for me occasionally I would stoutly refuse to cooperate and because my parents found this phenomenon entirely 'out of character,' I was left to my own devices until I 'recovered'. So I expect that I have always enjoyed my resistance! Consequently, I have tried very hard not to fall completely under the spell of Oaklander, however her belief that it is essential to have an understanding of child development is something I have taken entirely to heart.

Another prerequisite for working with children and adolescents, I hold to be important is a genuine respect for children and a belief that their feelings, thoughts, ideas, hopes and dreams are theirs, and theirs alone and that they are entitled to them. Fortunately, I find the company of children and adolescents, energising and I have spent a considerable amount of time with them as a mother, grandmother, teacher and

³⁵ Ibid, pp. 105-6.

³⁶ Mortola, Peter, Windowframes: Learning the Art of Play Therapy the Oaklander Way, The Analytic Press; Mahwah NJ, 2006.

librarian so that my interest is informed by experience, and I hope to work directly with children as a therapist in the future.

“When I’m with a child, be she four or fourteen, I find that I can relate to that child from a place that’s very much in tune with the child and at the same time without losing myself. I don’t see this child as a stranger. I don’t mean that I presume to know everything about her, but I can easily place myself in rapport with the child, and she recognises this.”³⁷

In this paper I have set out to look at therapy in relation to children and adolescents. I have briefly touched on the broader context of Gestalt theory, and the principal of ‘staying with what works’ while my interest was informed by what emerged as ‘foreground’ in that broader field. My interest in Oaklander’s Windows to Our Children as a ‘bible’ or ‘how to manual’ for child therapists, was flagged early on and later I refer to particular examples of her methods for dealing with resistance in children. My reading of Peter Mortola’s examination of the equilibrium in the resolution of incompatibilities and conflicts in process of ‘organismic regulation’ placed Gestalt theory in a broader theoretical context and helped me to understand this process in relation to child development. Underpinning all of this is the notion that children do ‘the best they can’ and that this then becomes the work of therapy as therapists work to restore that which was lost. Mark McConville’s insightful and practical approach to working with adolescents (the adolescent’s field) and family contact styles in particular, together with Anna Freud’s concept of development lines, have explained phenomena that I have often observed, but can only now understand. However, McConville’s emphasis on the importance of creating conditions in the field that build trust and confidentiality, is one that, in my role as a teacher and librarian before even becoming a therapist, I have long understood.

For me the most significant aspect of this project has been my developing awareness of the role that creativity plays in the therapy process. Strengthening and restoring the child’s strong sense of self, which is intrinsic to the therapy process, demands a subtle attunement on the part of the therapist to every nuance of the child’s being. For, even the way the child holds a crayon or grimaces while drawing reveals much about the

³⁷ Oaklander, op cit. n. 1, p. 320.

child's process and brings something that was hidden into the open where it can be worked on and even completed. For me, Violet Oaklander's work demonstrates the very quintessence of the 'therapist as artist,' and is in itself an art form. Joseph Zinker has remarked that such mastery of practice looks like magic, but is in fact developed through long practice and refinement of the therapist's art. It is the result of many years of struggling and learning whereby "the creative therapist is a disciplined craftsman whose gift is to keep reaching out towards the most profound personal potential."³⁸

Now that this project has come to its conclusion I am, more than ever, aware that my work is only just beginning:

"I start with the surface acceptance of this person's experience of her "child." It is a given. I don't try to persuade her that it isn't so; rather, as the work develops and she feels a sense of readiness, we can move into more difficult aspects of her self – parts which were originally difficult to bring into awareness and to share with others."³⁹

³⁸ Zinker, Joseph, "Creative Processes in Gestalt Therapy: The Artist as Therapist," XIV (2) *The Gestalt Journal* (Fall 1991), p. 80.

³⁹ *Ibid*, p. 74.

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