

# Falling Down a Deep Hole: The Experience of an Identity Crisis as a Gestalt Therapist

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*Shortly after the research weekend Mikael Curman died. We the authors dedicate this research article to Mikael who participated in the weekend with his characteristic enthusiasm and passion for life and truth.*

## *Introduction*

Between February 25 and 26, 2012, around thirty Gestalt Therapists from five European nations (Sweden, Denmark, Finland, The Netherlands and the UK) gathered together to engage in an experientially based learning weekend on research in gestalt therapy. The event was organised by the Swedish Association for Gestalt Therapy - SAG Board and its energetic chair Jojo Tuulikki Oinonen. The weekend was facilitated by Ken Evans, former President of the European Association of Gestalt Therapy and co-author with Linda Finlay of Relational Centred Research in Psychotherapy: exploring meanings and purpose. (Finlay and Evans, 2009).

## *Contract with the group*

The weekend was a research seminar but with a 'hands on' collaborative engagement involving all participants. Each participant became an active co-researcher. I contracted with the group at the beginning that they would decide the research topic or focus for the weekend and they further agreed my suggestion to send each of them a draft of the research article for their scrutiny and comment, prior to publication in the European Journal for Qualitative Research in Psychotherapy. All who engaged in the research would be acknowledged as co-authors of the article, based on the fact that they were the co-creators of the research, unless of course they chose not to be identified to maintain confidentiality.

## *Background*

Prior to engaging in the research I facilitated a critical discussion of the quantitative and qualitative research paradigms and the epistemological assumptions underpinning both and gestalt psychotherapy. The rationale for this 'philosophical excursion' was that it would enable us to proceed with a choice of research methodologies that were congruent with the philosophical foundations of gestalt psychotherapy.

In order to determine a theme for the research activity I invited the group to divide into several small groups and take thirty minutes to identify a possible research focus. I emphasized the importance of choosing an experience that would really engage them as Gestalt Therapists because, as Steward maintains, we need to tap into some passion, the focus should capture the imagination (Steward, 2006).

Under the heading of 'An exploration of Gestalt therapist's experience of.....' the following four themes were identified as possible areas for research:

- Maintaining the hope in a hopeless case
- An identity crisis as a Gestalt therapist ( two groups chose this same theme)
- Self disclosing personal issues with a client
- A client disappearing, (i.e., abruptly stopping therapy with no explanation).

After each group shared their choices I invited the whole group to choose one from among the four. There appeared unanimous agreement to explore the experience of an identity crisis as a Gestalt Therapist.

### *Methodology and Basic Assumptions*

The reader will notice that an important component of the research methodology is already unfolding in this invitation to the group to take responsibility for the research endeavour. My clinical practice is relational centred and this relational bias is mirrored in my approach to qualitative research. I undertake research *with*, as opposed to *on*, participants and I celebrate the co-creation of knowledge. Furthermore I like to mix qualitative methodologies blending approaches in order to explore participants' subjective worlds. 'Rigid categorization seems to flout the fluidity which lies at the heart of qualitative research', (Finlay and Evans, 2009: 24.) Qualitative research attempts to capture and explore people's experiences in terms of the meanings they bring to them while quantitative research which mostly focuses on quantifiable, objective measures and behavior (Denzin and Lincoln, 1994).

Congruent with the field theoretical perspective of Gestalt psychotherapy we accept that the world cannot be understood in straightforward cause-and-effect terms. It is far too chaotic and ambiguous 'We need an imaginative, even outlandish, science to envision the potential of human experience...not just tidy reports.' (Braud and Anderson (1998, p.xxvii).

As a qualitative relational centred researcher I accept that I am a central figure who will influence and actively construct the collection, selection and interpretation of data. Researcher subjectivity – called 'bias' in quantitative research - is celebrated rather than shunned. I consider it an opportunity rather than a problem, (Finlay and Evans, 2009). In addition, I recognize that all research is to a greater or lesser degree dynamic and co-created, a joint product of researchers and participants and the relationships they build. This being so I will hereafter mostly refer to 'we' rather than 'I' believing that wherever and from whomsoever a thought or idea springs it as always a co-creation in any participatory endeavor. I will in some instances indicate with an 'I' when it seems pertinent to clarify my initiative or direction in facilitating the research process.

We (the whole group) worked flexibly, creatively and as much as possible spontaneously in response to the data which was collected in various ways:

individual reflection, small focus groups, large group discussion, dramatic enactment, metaphor.

Specifically we drew from four established approaches:

- Participant Observation
- Phenomenology
- Feminism
- Dialogical Gestalt ( the foundation of the lead authors approach to relational centred research and to psychotherapy)

### *Participant observation*

Participant observation requires we go into the 'field' and engage in naturalistic research *in situ*. Here we need to determine beforehand the extent to which we will participate in the group research activity, between taking an insider or outsider perspective. We chose the insider role. The degree and extent of participation-observation always involves choices with consequent practical and ethical implications. For example in this case I (Ken Evans) remained sufficiently outside the process to facilitate movement and maintain time boundaries, but at the same time engaged as fully as possible in the process to sustain a spontaneous and dynamic response to the group. The 'Insider-Outsider' dynamic is of course central to our work as reflexive practitioners, both as researchers and Gestalt psychotherapists.

Thus in my role as instrument I tuned in to the experience of the group and tried to engage spontaneously with what was emerging from the field rather than some conscious pre set schema.

### *Phenomenology*

We drew from the phenomenological approach, because we were seeking to surface rich description's of our lived experience of an identity crisis. Gestalt psychotherapy has long been described as clinical phenomenology (Yontef, 1993) and I maintain the notion that every Gestalt psychotherapy session is a form of research activity.

Openness is emphasized in phenomenological research through the practice of 'bracketing' which is the attempt to suspend presuppositions. Linda Finlay persuasively argues that this process is often misunderstood as an attempt to be more objective. In fact, what's being called for she maintains is a special, attentive attitude of openness and receptivity. The aim is 'to see through fresh eyes, to understand through embracing new modes of being' (Finlay, 2008, 29).

### *Feminism and Dialogical Gestalt*

We agree with Morrow that human behaviour can often be inappropriately pathologized. Influenced by feminist research and dialogical gestalt therapy we view human behaviour as having meaning and purpose. People's way of being in the world is their creative adjustment. Their way of making meaning and surviving in the challenging experience of living in the twenty first century. Even dysfunctional patterns of being and relating to self and other may be viewed constructively as attempts to make sense of the world, in order to 'survive' in the world. Viewing defences as having a purpose enables us as Gestalt psychotherapists to work *with* our clients resistances. Morrow, in her articulate and moving research writes how in response to a woman who became anorexic, because she learned that the physical pain of starvation would block the emotional pain she experienced, the feminist researcher replied "That was an amazing way of coping!" (Morrow S. L. 2009).

The Feminist attitude of working to equalise power in relationships and the commitment to authenticity, extending to the appropriate use of self disclosure in the service of contact and awareness, informs our approach to research and to psychotherapy. Dialogical Gestalt therapy influenced by Buber's I-Thou attitude supports our intention to see the other as a person and not an object to be observed, categorized and predicted (Buber, 1923/2004)

### *The process unfolds*

In our research adventure our aim was to find out more about how we experience a crisis of identity in our professional role. We hoped to be touched, surprised and to have our horizons expanded. This could only happen if we were prepared to be open to each other and if we accepted we could start only from a relatively 'unknowing' position and be guided by curiosity and compassion. We needed to be prepared to allow things to spontaneously emerge in the intersubjective space between us co-researchers and to have faith that it would.

### *Data Collection and Analyses:*

I (Ken Evans) first invited the group to work individually and recall an example from clinical practice of a loss of identity. To reflect on their experience and to *describe* what it meant for them personally and to write down some of the key features of this experience noting how the crisis of identity was experienced by their whole personality? Here we drew from the definition of personality provided by the Gestalt Psychotherapist Gilles DeLise, personality is the way in which we organise the key components our human experience, physicality, emotions, thoughts and behaviour (De Lise, 1991). To which we added the spiritual dimension of personality.

Each person then shared their descriptions in five small focus groups of about seven persons.

We then returned back to our own writings and tried to identify the triggers for the crisis. Each of the small groups collated the triggers and posted them up on a flip chart.

*An example from one small group:*

**Triggers:** *helplessness, worthlessness, fear, resistant, high expectations, imperfection, ungrounded, being vulnerable, not being good enough, failure, high ambition, confusion, insufficiency, not feeling connection, loss, explaining/ justifying yourself, loneliness, labelling yourself, losing touch with self, being the smart one, being questioned.*

Participants then explored in their small groups how they coped or managed the situation and again all the small groups posted them up for the benefit of the large group.

*An example from one small group:*

**Coping strategies:** (how I managed the experience) *freezing, withdrawing, avoiding, try for contact, disconnection, isolation, physical moved, talk, fighting against injustice, pleasing, pretending, I can handle it, look calm, cautious, loyal to others, losing boundaries, feeling empty, body armouring, stand ground and wait, confusion, ambiguous response, blaming self or other.*

Each group then separately explored their own and their members descriptors and analyzed these in terms of existential themes, exploring their sense of embodiment, the impact on their identity and self-other relations. Key words or themes

that encapsulated their experience, body sensations, feelings, thoughts, behaviour and spiritual experiences were identified and written up.

Subsequently each small group wrote a small group composite paragraph encapsulating the experience of identity crisis and arriving at a common mind, where possible.

*An example from one small group:*

**Small Group composite:** *Our embodied experience is tensing up, emptiness, stomach pain, shivering, agitation, panic and we feel confused, disempowered, frustrated, angry, fear, abandoned, lonely, isolated and despair. Additionally we think we are unfairly treated and “ what have I done”. I’m unable, worthless, and we act by withdrawing, fighting, pretending to be calm, lose contact with ourselves and our surroundings. Being cautious, fighting for survival. Containing grief and blaming others. Spiritually we lose faith? Our life choices get stronger, lose our humanity and comfort ourselves in our loneliness.*

### *Pause for Reflection*

At this point on the second day we paused the process to reflect on it thus far. The consensus was that the experience was rigorous, relevant and dynamic. The research alliance was excellent and this was supported by the high degree of emotional literacy that one could reasonably expect from a gathering of experienced gestalt therapists. The mutual support arising from sharing personal reflections of identity crisis was reassuring for many in that it undermined the anxiety that can emerge in the isolation of working in individual practice. A significant critique was that we might have scheduled in time for reflection on the research focus of gender specific groups in order to explore if identity crisis had any specific issues for male and female Gestalt psychotherapists. It was generally agreed that time was a crucial factor in such a large group exploration in depth.

Indeed there was no time to effect a large group composite from all the small group composite descriptions but the group felt it was not necessary as the small group write ups showed remarkable commonality and voiced acknowledgement that I (Ken) might undertake this on behalf of the group in the next coffee break. I also felt the group energy was low for another write up and an injection of something new into the process was needed. Subsequently there was what appeared unanimous support for my **composite description** below. This was written using all the small group write ups in an attempt to capture the essence of the experience of identity crisis.

### *Composite Description*

*When my identity is in crisis as a Gestalt Therapist with a client(s) I may experience being confused, overwhelmed and lost, accompanied by fear, sadness, frustration or anger. I lose my ground and withdraw (retreat) deep inside myself with feelings of isolation and loneliness ( even experiencing my existence as threatened). I freeze my spirituality. On the outside I look calm and contain negative thoughts about myself (worthless) and/or the client.*

### *Alternative creative media*

At this point on the second and final day we discussed further creative ways in which we might add to the verbal discussions and written descriptions and find other ways to illustrate and perhaps thereby deepen the experience of identity crisis. I (Ken) suggested each group take some time to explore metaphor or poetry, or painting/drawing, or dramatic re-enactment or something else.

However the co-researchers heard something different because it soon became evident to me (Ken) that each group was going to rehearse some kind of enactment! I became momentarily anxious? Had I not communicated clearly enough? What about the richness of metaphor or poetry that we might neglect to explore? It might impress the reader more to have a wider range of creative medium! I even considered interrupting the process but decided against it. The groups were in full swing and deeply engaged and anyway, I told myself, ‘*model the process of this approach to research Ken by trusting it and the wisdom of the group; just let the co-researchers take the lead, stand back and let it be*’. So I surrendered to the ‘between’ and trusted the group process, which is rarely as easy or straightforward in practice as it might seem in theory.

The resulting enactments were excellent both in the content and performance. I was deeply touched by the extent to which each one captured the heart of the experience. I remain hopeful that one of my colleagues captured them all on video and I regret I did not foresee this possibility and organize some equipment beforehand. A learning experience!

## Discussion

I invited all five groups to discuss the process and findings of the research engagement. Time constraints meant we could not post up the conclusions from each separate small group but the small group time allowed for more intimate reflection prior to the large group discussion.

The large group discussion has been organized around three questions which emerged from the group:

- How would we conceptualise (understand) the experience of identity crisis from a Gestalt theoretical perspective?
- What are the implications for our clinical practice?
- What are the strengths of the research?

### *How would we conceptualise (understand) the experience of identity crisis from a Gestalt theoretical perspective.*

There was no prior review of the literature since we had no idea of what topic or issue would form the focus for the research weekend. However this provided the significant advantage of not being unduly influenced by thoughts and opinions from the wider field, which might have deflected from or overly influenced the 'lived experience' of the group.

Ironically, in view of my earlier anxiety about the need for more creative media, the primary reflection to emerge in the discussion was via a metaphor. A colleague shared that in his small group they likened the experience of identity crisis as 'falling down a deep hole', a chasm, or bottomless pit which grew narrower the further you fell into it. So narrow in fact that we become 'immobile, stuck and unable to move'. Subsequently we lose contact with the outside world, which is like losing 'half your existence'. Inside our hole we see only our old expectations. We no longer experience living in the 'here and now'. We are alone. In parallel with this loss of external here and now reality we also experience a lack of internal or self support.

Discussion continued around this metaphor likening the hole or chasm with being overwhelmed inside a non creative void. One member vividly employed a further metaphor for an identity crisis as being akin to an emotional tsunami. The experience was one of personal and professional disempowerment where it is difficult to step out of the victim mode and take responsibility. Introjects or early injunctions of 'not being good enough' render it difficult to take responsibility or to reach out for help from another. This latter search for external support is indeed often thwarted because of the contamination of introjects such as Be Strong, Stand On Your Own Two Feet, Don't Be Vulnerable, Neediness is Weakness, and so on.

These early messages may also provoke a profound shame response, which emotion has come to be regarded as among the most significant in promoting in a person a strong desire to withdraw, hide down a deep hole and thus become invisible to the perceived negative judgment of others. In the Gestalt literature key publications on shame from across the world include, Lee, 1995/96, USA; Yontef, 1993, USA; Fuhr and Gremmler-Fuhr, 1995/97, Germany; Evans, 1994/2000/2005, UK; Robine, 1991/98, France; Greenberg, 1997, Canada. And the source from whom we all gain inspiration, Gershen Kaufman 1980/1989, USA.

From a Gestalt theoretical perspective the group thought we might thus understand an identity crisis as involving a profound loss of balance between the figure and ground of our experiencing. It is a loss of contact with the *here and now*, more specifically a loss of contact with our self in relation to the *ground* of the other(s) 'out there' and becoming overwhelmed and confluent with the *figure* of our self as we adapted *in the past*, in order to survive. What in gestalt theory is known as our creative adjustment. Thus even shame, while deeply humiliating, is nevertheless considered as a creative adjustment. The best a child could do in the circumstances in order to survive their early experience in relationship with the world of significant others.

The group also discussed the loss of personality function when our identity is in crisis and the often accompanying experience of regression when old messages and defence mechanisms kick in to actualize and reinforce our feeling of shame. We reflected further on the notion of regression with the growing contemporary awareness that we do not regress backwards as is commonly understood by the term. Rather, when experiencing regression our past (or significant aspects of our past) influence and sometimes overwhelm the present (Evans, upcoming publication Autumn, 2012). From a gestalt perspective we may say regression is a past configuration of the field reconfigured in the present.

At each and every moment of our existence we are every age we have ever been. It is as if behind each of us are images of ourselves, outlines drawings of ourselves that stretch way back like a 'hall of mirrors' through every age we have ever been,

perhaps even including life in our mother's womb. From a gestalt perspective we acknowledge there is no such thing as the past. There is history –what happened yesterday, last month last year and so on. But the past, what Gary Yontef calls the 'there and then', is always present in the ground and can become figural, so that the 'here and now' recedes into the background (Yontef, 1993). When experiencing an identity crisis unconscious processes strongly influence the field and the past may be more present than the 'here and now'. As a result we can sometimes experience confusion, uncertainty, 'blinking out' often accompanied by shame. This experience of crisis can be fleeting and for a moment or last longer. We thought some forms of psychosis may include a major and more permanent loss of boundary between the past and present.

Taking this key concept of regression further we discussed how our passage from the preverbal to the verbal phase of development in infancy may be the most profound experience of our life. It entails a great loss because, according to Daniel Stern, subsequently we are never able to completely express with words the fullness of our human experience. (Stern 1985). After the development of cognition our experience is communicated only approximately and is also and always partial, to the extent that it is influenced by the views, attitudes and opinions of significant others.

The free spontaneous experience of our infancy is diminished in its intensity and accessibility as we develop our cognitive capacity and individuate. Words can never fully describe or explain the deepest parts of our human experience. Indeed words fall short, and we require music, poetry, art, and so on to connect us to our deepest places. This adds to the confusion and sense of being lost when inside an identity crisis when we may be too 'young' to think our way out of the hole!

The gestalt cycle (Clarkson, 1989) needs to be up dated to acknowledge there are in fact *two* cycles. We need to consider that there is a preverbal or 'being' cycle of babyhood when 'we are what we experience', and with little or no awareness so that we cannot stand back from our self and reflect on our self in relation to the other(s). With the subsequent development of our capacity for cognition awareness permits the growth and development of the more familiar 'thinking and doing' cycle, which subsequently tends to dominate the rest of our adult life. Managing the 'thinking and doing' cycle is often challenging. Managing the 'being cycle' is always challenging!

### *What are the implications for clinical practice?*

In the midst of an identity crisis we discussed how a Gestalt therapist needs to maintain compassion for her/himself and try to view the experience with curiosity rather than judgement. What might our experience be trying to inform us about the process between our self and the client? Does our experience represent an 'out of awareness' or unconscious process whereby the client is ( out of their awareness) seeking to provoke a negative response from us that will repeat their history? What do we know about the client's history? How might we react so as to repeat that history in some way, e.g. anger, fear, withdrawal or lack of authentic presence, other specific forms of pretence? From what we know of the clients history would our anger, withdrawal, inauthentic presence parallel their experience of significant others when they were a child? If so what can we do, or rather how can we *be* different right now in the moment of crisis?

When the therapist is in crisis with a client it is supportive to hold on to the notion that *right now* neither we nor the client's emotional age may match each of our chronological ages. When in crisis we need to appreciate and understand the phenomenon of regression and the developmental issues at stake (Bowlby 1988 Kohut, 1984; Stern 1985). Name calling a client a 'bear trapper' and challenging them to 'take responsibility' when they are genuinely in crisis, and likely regressed and emotionally very young, promotes adaptation at best and shame and humiliation at worst. We unfortunately often effectively turn the rubric 'take responsibility' into a dogma, a professional introject when we ignore the developmental dimension both in ourselves and our clients. We miss the client just as he/she may have been missed in the past. We miss ourselves just as we may have been missed in the past. And so history repeats and the life script wins again. However, more importantly an opportunity to turn the crisis into a healing moment is missed (Evans and Gilbert, 2005)

We spoke also of the discomfort zone that accompanies attempts to deal with the crisis. The challenge of doing something different and self actualising is rarely if ever a comfortable experience as we step outside the familiar, the well known and well trodden paths of our life saving defence mechanisms and behaviours. Nevertheless we shared our belief in the possibility of change and the belief that personal growth however challenging ultimately strengthens us. However being in the hole was poignantly described as a kind of existential death, so in order to climb out of the hole a part of us may have to die. For example, the old macho image or more subtle self reliant image may have to go ( or at least take a back seat) as we learn to risk staying with our vulnerability and search for a more developmentally needed response to our client, a response that is potentially reparative rather than merely repetitive. As one group member put it, 'old hurts can be seen as wisdom if we are able to learn from them'.

Finally, when we are in crisis and stuck down our hole we need another, our own therapist or supervisor or friend, to hold the hope until we are able to hold it for ourselves. When our clients are in crisis we need to hold the hope for them until they are able to hold it for themselves

### *What are the strengths and limitations of the research?*

One comment that resonated through the group was the notion that we (the research participants) were both the material and the analysts. Being inside and outside the research was seen as a strength and based in our everyday clinical practice, 'It's what we do', remarked one member.

There was support for engaging with the research theme first from the body, then the emotions and the 'the head'. This approach of putting words onto our experience of reality was thought to be congruent with gestalt therapy.

There was a general sense that the research engagement had been an 'all in it together' collaborative experience that left a good taste for more. It had been a nurturing and reassuring experience.

There was a general sense that the intense and energetic presence of the group significantly added to the quality of the investment in the research process and that 'it was ok to be vulnerable'.

Another member thought the engagement with the research weekend 'fertilised' the idea of doing gestalt research, 'It's a real possibility', he remarked.

There were some new individual awareness e.g., one female member of the group became aware she was more likely to be experience an identity crisis with a man.

This then raised a limitation of the research in that the time factor did not allow an opportunity to explore gender difference in the experience of crisis. Furthermore the group was predominantly white, well educated and emotionally literate.

### *Personal reflections*

All qualitative research methodologies recognise, at least to some degree, that the researcher is implicated in the research process. Qualitative researchers recognise that their behaviour, and the relationships they have with co-researchers, have an impact on co-researchers' responses, and hence the findings (Finlay, 2002a, 2002b). These ideas are particularly emphasised in relational centred research where any outcomes are generally viewed as relative and co-created: a joint product of the researcher, the co-researchers and their relationship. The weekend in Stockholm with a group of emotionally literate gestalt therapists/researchers was very rewarding for me. Their enthusiasm and commitment to the process was inspiring and their talent for enactment was a revelation.

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