

Descriptive study: how to describe in reliable manner the practice of gestalt-therapy from the perspective of the therapist who conducts it

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1. Introduction

Imagine that you cross by bike, on a straight line, a large flat and clear place. Suddenly you remember that you forgot something. You then decide to go back by making a U-turn on your left.

And then ... How do you realize this turn?

Usually, the answers to this question are distinguished in 3 main groups:

1- Nearly 2/3 of the people answer: "Well, by turning my handlebars to the left of course! "

2- Approximately 1/3 of the people answer: "I turn my handlebars to the left and I lean to the left" ... or vice versa ... or at the same time.

3. And some people, faced with the evidence of the answer that comes to them spontaneously (1 or 2) sniff a trap and prefer to reply: "I do not know."

If we film the scene or if we equip the tires so that they leave a trace on the ground, we realize that the first operation carried out is always to turn the handlebar abruptly to the RIGHT. This gesture then causes an imbalance of the bike on the left. The cyclist then compensates for this imbalance by turning the handlebar to the left.

So maybe you will tell me that this is anecdotal since this first gesture to turn the handlebars on the right lasts a fraction of a second and that the longest moment is when the handlebar is turned to the left.

From the point of view of time spent yes, it is anecdotal. However, if this brief movement of the handlebar to the right is missing, the cyclist is thrown immediately to the ground with probably a dislocation of the right shoulder... Which, from another point of view, is not anecdotal at all!

2. Real Practice Gap / Narrative & Reference Theory

This illustration does not pretend to show anything, but it allows introducing and illustrating 2 findings corroborated by numerous researches:

1- People generally have an erroneous representation of the acts they perform. In other words, therapists' discourse about their practice is far removed from their actual practice.

2- Real practices are distant from professed theories, otherwise said, therapists do not practice as their theory dictates.

In the sciences of education in particular, this observation leads to a reversal in the direction of research.

At the beginning of the sciences of education, the academics produced educational theories. Teachers were supposed to teach by implementing these pedagogical theories. Over the years, this orientation has proved to be very inefficient. The researchers then began to recognize the teacher competencies: the sciences of education constitute a very recent scientific field, but education has been an activity that has been going on for thousands of years

The researchers then turned to the fabrication of knowledge on the actual practice of teachers. Work has been conducted to produce reliable descriptions of teachers' practices.

How are we, gestalt therapists, concerned with all this?

Each of us has done an important work of self-consciousness. We trained a lot. We continue supervision activities or even to follow psychotherapy for ourselves. Yet my 15 years of experience

working with either beginners or experienced therapists shows me that these findings are also valid for gestalt therapists: our practices are far from what we say they are and from our reference theories. I do not have time to go in-depth, but different factors suggest that gestalt therapy, by its methodology, is even more prone to such deviations than cognitive therapies or psychoanalysis.

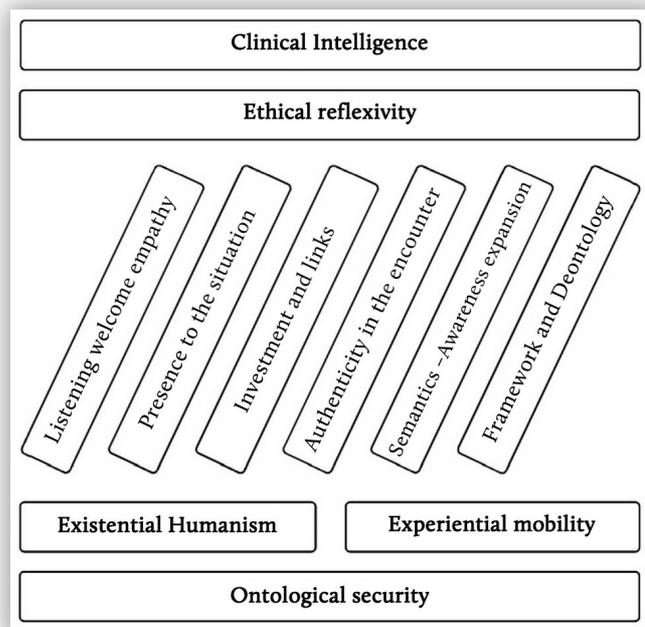
3. Research conducted by PRAGMA

The Pragma research group was established in 2013. Its scientific project is to produce reliable descriptions of actual practice, from the point of view of the gestalt therapist who conducts it.

The starting point is the description of the practice in the form of a competency model that I am elaborating since the autumn of 2000, a long time before Pragma. In the first years I worked from simple verbatim of therapy sessions. For more than 10 years, I use enriched verbatim obtained by different way of conducting therapy sessions.

It can be noted that this competency model is constructed from real practice and not as the translation of a pre-established theoretical model into competences.

The research we are conducting in Pragma is aimed at confirming, invalidating, clarifying and enriching this competency model.



We relied heavily on the descriptive research methodology used in the educational sciences by adapting it to our context. We share with the education the particularity that "what the therapist does" is essentially "private" or "interior". One cannot have access "from the outside" to the therapist's information, his reflections, his elaborations and his choices, as well as to the restraints and silences which are interventions and not only punctuations of the interaction, etc.

If one is satisfied with data usually considered as objective, such as traces collected by video or audio recording devices, most of the work of the therapist is missing.

However, the therapist's spontaneous narrative does not express the reality of his practice. In order to describe, "what the practitioner does" in a reliable manner, it is therefore necessary to use techniques to methodically produce reliable information about the practitioner's experience.

We are not aiming at completeness; we can never have access to the wholeness of the therapist's experience. We aim to ensure that the information we collect is reliable.

Fortunately, there are now different interview techniques to achieve this goal: explicit interview, simple or cross-face self-confrontation interview, to name those we used.

4. General methodology of research

Our research methodology consists of two main phases:

- 1- First, we produce data from experience.

- 2- Second, these data are exploited in order to build knowledge about the practice.

The production of data from experience comprises 4 steps:

- 1- A gestalt therapist records and faithfully transcribes a session producing a raw verbatim.
- 2- Then the therapist enriches the verbatim by adding elements from his life that he is certain he has experienced. He uses notes taken during the session and his memories. He is careful to leave aside the assumptions he can make about what he has experienced and his representations about his daily experiences.
- 3- He anonymizes the verbatim in order to guarantee the patient confidentiality.
- 4- Lastly, the verbatim is enriched a second time during an interview of explanation or self-confrontation conducted by the interviewers with the gestalt therapist based on the enriched and anonymized verbatim.

The final enriched verbatim consists of alternating remarks from the patient and the interventions of the gestalt therapist and elements of his life. This enriched verbatim constitutes data from experiences on which the research itself is then conducted.

Following the initial investigation, we observed that the interest of the interviewers, who are also gestalt therapists, regularly drives towards the patient's words, towards the interaction and the situation. This observation led us to adapt the methodology. For our last two investigations, we gave the interviewers a verbatim whose patient's comments were erased. This choice has two interests:

- 1- Ethical and deontological interest: Interviewers no longer have access to the patient's comments.
- 2- Methodological interest: The interviewers remained focused on the words and experiences of the gestalt therapist.

The interviews gained in effectiveness, but the loss of the patient's comments and therefore of the interaction were frustrating for the gestalt therapists who are the interviewers.

5. Examples of investigations and Results

We conducted several investigations that allowed us:

- to specify the clinical intelligence competency,
- to redefining certain skills,
- to emphasize the human dimension mobilized by the therapist behind gestures that could appear as essentially technical,
- to specify the diversity of actions that result from the competency of conscientization,
- to update knowledge actually mobilized by the therapist,
- to distinguish behind the apparent professional gestures the professional gestures actually made,
- to distinguish a directivity of aim and a directivity of direction,

6. Benefits

We can expect benefits from descriptive research at several levels.

Professional benefits - Conducting descriptive research on one's own practice has the effects of putting one's practice to the test. Participating as an interviewer in self-confrontation interviews also has, to a lesser extent, a professional development effect.

Political benefits - Being able to present reliable descriptions of our practices can undoubtedly help to reinforce the image of gestalt therapy among professionals, the public and the public authorities. But we must not dream too much about the later, the legislative uncertainties in France and Belgium show that our weight is minimal in the games of politicians and corporatists.

Pedagogical Benefits - A better knowledge of the practices that we intend to transmit in the training curriculum allows us to evolve and improve the pedagogical tools implemented to enable apprentices gestalt therapists to build the necessary competencies for the professional practice.

Scientific Benefits - There are two significant scientific benefits.

This descriptive research contributes to the general movement of science, understood as a fabric of knowledge and reliable description of the world, and not merely as a vector of technological innovations.

The second point concerns the evaluative research which constitutes most of the scientific studies conducted in psychotherapy. They aim to measure the effects of an approach or to compare the effects of different approaches. For example, the effects of the practices of "calling themselves gestalt therapists" are compared with the effects of the practices of "calling themselves psychoanalysts". In doing so, researchers implicitly postulate: 1) that practices are homogeneous within each approach; 2) that there are significant differences between approaches ... or at least that the differences between the approaches are more significant than within the same approach.

However, if we accept that real practices are far removed from the discourses about them and from the reference theories, it is not at all certain that the division into a method of attachment reflects the differences in practice,

Basically it is a bit like wanting to compare the effects of red, blue and green capsules. We will use sophisticated means like double blind procedure but without taking the time to first check that the capsules of the same color really contain the same product and that there are different products in each color.

Then there is a high risk of arriving at the result that: 1) the capsules have a certain effect and 2) globally the capsules of the three colors have similar effects.

And it seems to me that several studies have come to that conclusion that psychotherapy is better than nothing and that there are no significant differences in the effects of different methods. It seems to me that there is an important methodological bias that hampers the relevance of evaluative studies in psychotherapy.

7. References

We publish a journal entitled PRAXIS that reports on our research and that can be downloaded for free on the site of the research group: www.gr-pragma.org

Bibliography: A large number of books, particularly by De Boeck, on research in the sciences of education.

8. Conclusion

And to finish in picture, while on your bike you are turning regularly to the left to make your U-turn, how do you do now to bring the bike in a straight line? We'll talk about it at the break ...!

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