Researching in Gestalt Therapy: a way for developing our model

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The need to research on psychotherapy today

• While decades ago psychotherapy research was considered a difficult and even contradictory field, in these last years research projects are growing and (most important) there is a shared enthusiasm among psychotherapists of all methods for research.

• It seems that psychotherapists believe that research is in line with their passion for human relationships, rather than a contradictory way of looking at the same object of study.
Research as recognition

• It seems that research today can give psychotherapists a recognition of the importance of their work, against the threatening tendency to reduce treatment mere medical or behavioural change.

• Differently from the time when humanistic approaches were founded, today research is seen not as opposing the complexity and spontaneity of our work, but rather as a possible ally in the recognition of its importance.

• The development of phenomenological research has helped even Gestalt therapists to address research (see grounded theory).

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outcome research and process research

They are two different traditional methods of research in psychotherapy

- **outcome research** measures the results after psychotherapy, for instance the differences between before and after psychotherapy with standardized instruments.

- **process research** studies various aspects of the psychotherapy process, which can be measured even while treatment is ongoing, independently from the results.
Outcome research

• an example is *Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM)* (Mellor, Clark, 2006; Palmieri et al., Cl. Psych. and Psychoth., 1999)

• It has been applied to Gestalt psychotherapists by Christine Stevens et al. (2011)

• The Italian Federation of Associations of Psychotherapy (FIAP) recommends that it be applied by all methods in Italy. It’s also applied by Gestalt therapists of SIPG. Thanks, Gianni!

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Process research

• An example of process research is measurement of the therapeutic alliance in various phases of therapy, compared with other variables of the same process, like sex or age of client and therapist, how much time is taken by words by one or the other, number of sessions, length of treatment, type and seriousness of diagnosis, etc. (see Colli and Lingiardi, 2009)

• Another example is Fivaz-Depeursinge’s primary triangle: a given research situation which can be read in various perspectives.

• Another example is Stern’s and the BCPSG research on moments of meeting in psychotherapy: phenomenological research conducted in an intervision setting.
Placebo and the Dodo verdict

• From 10 to 18% of clients register a meaningful improvement when they are put on a waiting list for psychotherapy.

• It’s impossible to define a placebo in the realm of human relation: what makes them change?

• Everybody wins (like in Alice in Wonderland’s story) so outcome research is not enough, we need to address process research.

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From outcome to process research

• Outcome research has been in fashion in a first phase (maybe to answer to Eysenck’s provocation, 1952) of psychotherapy research, in a second phase it has been replaced by an interest in process research (and recently on micro-process research), considered as more useful to understand what really happens in psychotherapy.

• If in a first moment the question was: “Does psychotherapy work?”, in a second phase the question has been: “How and for whom it works?”. 

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Process and outcome research

• What is it that makes change possible?
• In 2000 we had the first gathering of Gtin (Jean Marie Robine, Gary Yontef, M.V. Miller, P. Philippson and others) the purpose of which was to have an open dialogue about this question.
• Best studies: 1990- *Handbook of Psychotherapy and Behavior Change*, Bergin & Garfield (eds.), a sort of bible of research on psychotherapy
• The study of the relationship between process and outcome: “What has to happen in the course of psychotherapy that makes it reasonable to expect a positive result?”
• Example: the CHAP by Rolf Sandell (presented on Sunday)

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Manuals of psychotherapy

1) a selection of principles of a certain method; 2) practical examples of each principle, so that it’s clear what is meant; 3) rating scales (used by the therapist or by an observer) to measure how the sample (for instance, tapes of a number of sessions) is representative of those considered principles.

Examples of manuals: Wolpe (1969) for behavior therapy and Beck et al. (1979) for cognitive therapy of depression

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Why outcome research today?

• The outcome research is still necessary for insurance, especially for GT, which in many countries has been far from the procedures of accreditation

• At the same time, it gives us a simple feedback on our work.

• Core-om is a good example – our experience in Italy with SIPG. Used by all our clinical centers

• Of course we need to do more...

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Process research is more interesting for the developing of one’s approach

• To find a good equilibrium between being free from and at the same time rooted into our epistemology

• To look at process requires to choose what to look at (this is derived from the peculiar perspective of the method) and at the same time we need to be creative enough in our perception to see what isn’t seen usually.

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Researching a tool for family observation

- **First purpose**: The research is to observe contact modes in the family considered as a phenomenological field, through an observative gestalt measure, developed in line with a Gestalt therapy perspective.
- **Second purpose**: The research is to elaborate a family observative gestalt measure. Three domains: self-functioning, basic contact-movements, experience of conflict.
- **Third purpose**: The research is to prove the measure in a research situation: 20 minutes of filmed family interplay with a specific task.
- **Fourth purpose**: The research is to rate the films with raters.
- **Fifth purpose**: The research is to correlate the rates with the development of psychotherapy or other life situations like social tolerance of children at school, or hospitalization of a member or other traumas.

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An example of Research as part of a model

• Research can support an application of GT to a specific field.

• Example: the model of organizational consulting, the research with grounded theory on the mentality of the manager helps to combine the observed qualities of the working group with the mind of the manager, and to provide a better counselling program.
Research helps us to be more rooted

• All three kinds of research are coherent with our approach: outcome, process, and support of a clinical model
• We are in a time when it has no meaning any more to fight against institutions, to see research as a means of power and control.
• More than the need to develop our autonomy, we experience the need to be rooted in environment and relationships.
• Research helps us to root ourselves in what we do, to monitor, with humility and responsibility of our social task, that what we do is appropriate and what is most efficient.
• Also, research gives us a solid language to dialogue with other approaches.

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To support the ground is very important today

• “What we need in our liquid society is to re-own the sure ground, to feel our body and what we feel when our feet are on the ground, to stay with the experience of our senses, not to stand as a figure in front of another figure (child against father, student against teacher, etc.), but to feel that we can rely on the ground where we stand.”


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Research is a way to love

- Research will never deprive Gestalt therapists of their innate creativity,
- Research will instead support their curiosity
- Curiosity – as M. V. Miller and E. Polster might say – is the soul of therapeutic love,
- We all are and have to be curious, in order to shine the loving light of our interest on the boring and bored client.
- Research is curiosity
- Research is love

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An experiment

• In triads: play the client-therapist-observer situation.
• Client and therapist play a session of 10 minutes.
• The observer takes notes on
• 1. the general feeling s/he feels while observing as “part of the situation”
• 2. how many times the following concepts/words are spoken both by the client and the therapist: pain/sorrow, joy/happiness, relate/relationship, you (to the therapist or the client), I, we, wish/desire.
• After 10 minutes the observer tells the other two colleagues in the triad what s/he has noted and felt. Then “client and therapist” comment on how much close or far from their experience they consider the notes and feeling of the observer.

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