

# In Dialogue with Sally Denham-Vaughan

VIRGINIA EDMOND

Sally Denham-Vaughan is the keynote speaker at the GANZ Conference in Brisbane next year. This interview was conducted on Skype in early November.

**Virginia:** I was remembering that we first talked about doing this interview when you had just accepted the invitation to be in Brisbane next year.

**Sally:** That's absolutely right, I remember that. I can't remember whose idea this interview was, but certainly I remember telling you with some delight that it looked like I would be coming down your way.

**Virginia:** So that's great. I thought that we could start by you giving a bit of your background, like how did you come into Gestalt therapy?

**Sally:** This is a bit of a long story as I started out in psychology not psychotherapy. I was always very interested in human behaviour, how people fitted in, or not, to certain contexts, and I guess behind that there's a huge personal story, which is probably for another time. But certainly that issue of person - world fit was very relevant to me and I started studying psychology to try and understand myself and my family more. I did a first degree but was left pretty disappointed, because at that time, psychology was all about animal behaviour.

**Virginia:** Right, it was in those days.

**Sally:** I honestly don't think we mentioned people very much at all and my course was very, very behavioural. It focussed on conditioning/reinforcement paradigms concerning behavioural strategies. I kept looking for the person in psychology however and after graduating did a couple of years as a psychology assistant working with people with what we would call challenging behaviour and learning disabilities. My degree was welcome in that context and I was able to use the psychology that I had studied to good effect. But I couldn't make the leap to anything that resonated much for me personally, or to my friends, or my family. After two years I managed to get in to study clinical psychology and at that time in this country, we were taught in two modalities. First was CBT, which was just becoming very relevant. The second was classical British-school psychoanalysis.

**Virginia:** Psychoanalysis? I'm surprised!

**Sally:** It turned out that both approaches shared something that I found difficult, which was rather than focus on person – world fit, they went back, it seemed to me, very much *into* the individual. If you were able to change your mind about something, or reorganise your internal psychic furniture enough, then really, whatever your life conditions, you should be able to manage your problem. The political, social, radical in me thought, No ..... with most people I thought they were coping wonderfully well and if I was in their situation, I'd be having a lot of problems. Sadly, I was still left a bit dissatisfied with my training and when I qualified in clinical psychology, I started to look for something much more humanistic; more person to person. I then did training in TA for about four years.

**Virginia:** Did you? I didn't know that.

**Sally:** It's an interesting part of the back story of how I came to Gestalt. At that time on the west coast in America there was a modality called Redecision therapy, originated by a couple called the Gouldings. They had combined TA with this thing called Gestalt and it sounded very intriguing when I read about it. I eventually went to a Gestalt workshop and I remember being incredibly impacted - I can still feel it in my body nearly 30 years later - we were expected to do something other than talk about. There was an experiential element that asked a different question than "what are you thinking?", they asked, "what are you experiencing and what are you going to do about that?"

**Virginia:** So your first experience of Gestalt was through TA? It's an odd connection for us here where they are very separate ... but I know that isn't true everywhere. At Metanoia for instance, both go on, don't they?

**Sally:** Yes, I mean there's a TA training and Gestalt training and at Metanoia in London ..... I think the emphasis now is on a relational Gestalt training, a relational TA training, and of course that brings up the whole issue of what do we mean by the word relational, I guess, which we might get to later.

**Virginia:** Yes. Meanwhile back to your training experiences.

**Sally:** Absolutely. I think probably then I was a bit scared about entering into my personal experience and used cognitive mapping as a way to manage that. I had been taught that very well in my clinical psychology training. But it meant that TA plus Gestalt was probably a good combination to ease me in. I could make a bridge from CBT to TA to Gestalt and then through Gestalt found something that felt to me like coming home. But whether I could have found that home directly I don't know; I think I was probably too frightened at that time.... Gestalt still had a pretty frightening reputation then. Lots of abreactive/cathartic work that my psychology colleagues were very sceptical of.

**Virginia:** Was Gestalt the next thing you did after your TA training?

**Sally:** Yes, I started looking for Gestalt psychotherapy training and the first

person that I met was Malcolm Parlett.

**Virginia:** Well, that sounds extremely fortunate.

**Sally:** That was extremely fortunate! Malcolm was then running an organisation in the south west of England called Gestalt SouthWest, which he had just set up with Marianne Fry. He and Marianne were also establishing the Gestalt Psychotherapy Training Institute in England with Petruska Clarkson and Maria Gilbert at Metanoia. Together they were just getting organised into something that looked like a training structure in England. So I went along - possibly because Malcolm had a background in psychology – something clicked. I had one of those memorable conversations where I emerged clearly thinking, “okay, this is something that I really want to study”. I just signed up.

**Virginia:** So that sort of leads me to another thing I was going to ask you. Are there particular people that you would say have been major influences on you from the Gestalt world? It sounds like Malcolm may have been one of them.

**Sally:** Certainly Malcolm .... possibly because he had a previous body of work in psychology and education with a methodology that I found fascinating and knew a little bit about. He was also very committed to Lewin’s field theory. Talking with Malcolm that first time I realised I had finally found a place where my interest in person - world fit came together. Malcolm was very able to explain the Gestalt view on that – “self is a function of the field”, and to this day, that is my theoretical lodestone. The self is relational, emerging in context. With that simple statement I found a way of expressing something that had always mattered to me personally - a theoretically informed way of asking “what’s going on here that I/someone is behaving like this?” This immediately created an ethic that rather than there being something wrong with you, or wrong with me, there’s something about the ‘fit’ between us that can explain events. ‘Therapy of the Situation’ as Georges Wollants termed it .... that formulation was crucial.

**Virginia:** Were there other people at that time?

**Sally:** Yes, Marianne Fry - she was a social worker by background, German, Jewish, and had such an inspiring presence. I think she embodied a lot of things about Gestalt .... being on the edge, being holistic, being provocative as well as evocative .... Being rather than Doing. She also had a true depth of clinical experience and rigour, because she had worked extensively in mental health services. I remember asking her early in my Gestalt psychotherapy training, as to how I should be using my Gestalt learning back in my psychology job?

Her first response to me was, “how are you finding it?” I said, “well, two years in and actually what I’m finding is I can’t use it at all. I’m feeling very unconfident with clients, standing there, just thinking what should I do?” She said to me, “at the moment, use it very little and very sparingly and as you

develop and you feel more comfortable with your being, trust that the process with clients will happen”.

**Virginia:** That’s very wise. I mean that’s - I’m struck - that’s very wise advice isn’t it?

**Sally:** Yes, I think it was very wise advice. And also very different advice from where I was coming from in clinical psychology, which was more like, “if you intellectually get this, then it’s fine to take it out into your practice”.

**Virginia:** Yes, I see that. Yes.

**Sally:** It was the norm then in psychiatry, psychology, that you didn’t have your own personal work and you were proud of that.

**Virginia:** Well it’s still the norm here. There are exceptions, but it’s still the norm in this country for psychologists and psychiatrists, that they wouldn’t do their own work.

**Sally:** No, and while some branches of applied psychology in the UK do, (counselling psychology), still in clinical psychology and psychiatry that would still be unusual unless you wanted to specialise in psychotherapy. So yes, it was a very different growing up and training. Another person who influenced me at that time was Maria Gilbert at Metanoia. Here was someone who had come from another country, who was a psychologist, but had also been trained as a psychotherapist.

**Virginia:** So the blend that you had .... you met people who also had it?

**Sally:** Absolutely. I got the sense then that Gestalt was a global community, that it was very holistic and also a socio-political element increasingly came through to me. That was very important because I had wanted to dedicate my life to public service and public sector service delivery. So the idea that there was something in Gestalt that, from the outset, had been about social education and social movements, as well as individual change, was vital. I saw it as ideal for large-scale community building and felt able to use it in my work as a manager and leader of Psychological Therapy Services. That was important to me as most of my job role was strategic service organisation and community redesign and not individual therapy.

**Virginia:** So all along through these trainings .... and I am hearing that you really did several trainings ..... through all of this you’re working in the public sector?

**Sally:** Yes, I’ve worked full-time in the public sector (British National Health Service), all my career. I only stopped in March 2012. That was a very important ethical choice for me. I wanted psychological services, support and information to be accessible to everybody. I had the good fortune and privilege to be leading a large public sector psychological service in the county where I lived so I was able to influence policy and what was actually delivered. I

determined to bring a much greater variety of psychological therapies provision into the service. It didn't seem to me that just having CBT (or DBT or EMDR) or whatever could be evidenced in one particular way was necessarily going to suit everyone. We already had evidence from meta-analytic studies showing that relational fit between therapist and client was largely responsible for outcome. Given the wide variety of clients we saw in our delivery patch of nearly half a million people, it seemed sensible to me that we also needed a wide variety of therapists and therapeutic approaches.

**Virginia:** So how would you say Gestalt was received in that context? Because I think we'd say that our experience in this part of the world, and I'm thinking probably in Australia as well from what I know, is that it's seen as rather fringy, and not generally very acceptable in the public sector.

**Sally:** When I started working, it was the case that we couldn't employ a pure Gestalt psychotherapist. But if you were a nurse or an occupational therapist, or psychologist, or psychiatrist, who had also trained in Gestalt, then we tried to recruit and employ you. Over time, we built up a relatively strong base of Gestalt/Humanistic approaches and organised ourselves internally with Gestalt as our major modality. More recently, when counsellors/psychotherapists without other professional training could be employed, a lot of those counsellors we recruited were Gestalt practitioners. But there remains a difficulty, because there is no differentiation made here in the public sector employment between being employed as a counsellor or psychotherapist.

**Virginia:** There still isn't now?

**Sally:** There still isn't now and that is problematic. But it is how we began to deliver Gestalt, both as a therapy and also, because I was leading the service, increasingly as an organisational intervention in both coaching and consulting.

**Virginia:** I'm aware that you've taught organisational Gestalt at Metanoia as well, haven't you?

**Sally:** Yes absolutely. Together with colleagues, I set up an organisational Gestalt programme there that Marie-Anne Chidiac and I eventually succeeded in getting it validated at master's level. We have now moved on from that setting to form Relational Change, but we continue to offer workshops and programmes in organisational development and coaching as well as psychotherapy. Indeed, I think it is a real strength of the Gestalt approach that it isn't just a psychotherapy, but has much more widespread applicability - I sometimes think it has more power outside the therapy space as a way of thinking about how life flourishes, than the classic therapeutic focus of healing wounds or restoring functioning. It has at its heart an emphasis on how to live a vital and vibrantly alive life.

In my experience, people often access a mental health service as they

have become ‘outliers’ on a normal distribution curve - their dominant culture now defines them as marginal and they are not fitting in. Often the purpose of the therapy in public sector service is to restore functionality and get people working, both literally and metaphorically. That goal, to me, can risk violating the values at the heart of Gestalt which is about flourishing and thriving and creating environments and communities where people can do that. There are clear aspirations in Gestalt, that are not just about restoring functioning, but about thriving, and having a quality of life that is delightful, exciting, zesty.

I think certainly in the public sector service provision, when there is that emphasis on restoring functionality, Gestalt therapy has to be presented in a very specific way - find the figure, hold the figure, work with the figure, mobilise and act around that figure.

**Virginia:** So it gets a bit reduced? There’s a bit of a reduction has to happen in order for it to be .... to fit in?

**Sally:** Yes, a big reduction in complexity really. But I found when I worked with Gestalt as a large scale organisational intervention we could do much more on a socio-political, community building basis. As well as helping the organisational system to be more humane to its employees, more coherent in its services and more radically inclusive in its strategy, we could also directly affect the wider community. For example, to help create, build and sustain all sorts of other projects that affected how people were living. In that way we developed a lot of community building and prevention programmes, promoting health and well-being - for example, supported self-help groups for people with anxiety, depression, chronic fatigue, eating issues, parenting issues and so on. We also did a lot internally in the organisation around creating linkages and supportive structures for staff and preventing burnout. So it was using Gestalt, not just in the one to one therapy situation, but also to support staff and to stop the so called revolving door with patients that is created when the only place to get any support is inside a mental health professionals office. If we allowed that to continue, no one would get better for very long!

**Virginia:** Yes, you’re using it in a much broader way aren’t you?

**Sally:** Absolutely.

**Virginia:** I have the impression, though I don’t actually know this, that since you left, and set up your own organisation, that you’re doing some of that too. Recently, the last few days, one of those Gestalt News and Notes emails came to me and I saw several workshops that you were offering and they were quite different from each other.

**Sally:** Yes.

**Virginia:** So perhaps you could say a something about what you’re doing now.

**Sally:** Yeah. I'm also very aware that on my list of who's inspired me, we've only got to when I qualified.

**Virginia:** That's true. We will come back to that.

**Sally:** Yes I think I've really been very busy with this question of how is Gestalt best positioned - is it a profession? Is it a stand-alone profession?

**Virginia:** Being a Gestalt therapist?

**Sally:** Yes. Are we going down the route of professionalising Gestalt, making it mainstream, getting it funded, getting it evidence-based? I've really worked very hard on that route in the UK, and been involved in teaching Gestalt psychotherapy Masters programmes and also Doctorates. That's been, in a sense my quest - to employ Gestalt psychotherapists as stand-alone professionals. But, the other side of that is the realisation that the more I've seen Gestalt in this country go down that route, the more I've seen it shoehorned into a way of practising that seems to denature it.

It's a bit like pinning a butterfly to a board. By the time you've staked out its wings in a particular way, it actually can't fly. So having given that particular quest of professionalising Gestalt my best effort in the UK, there was a part of me that longed to do the work in a different way, in the way that I think I originally encountered it . . . . where we're not worrying so much about getting people licensed to practice within a professional system, but where it's more of a social, organisational and community intervention. Hence, I've become increasingly occupied with building a social movement, called the Relational Movement, looking at relationships in people's communities that cause them to thrive or not. In this work we, (Relational Change), link closely with The Relational Center in Los Angeles and Relational Matters in Australia, to look closely at people's culture and what are the dominant values that are organising people's lives. We also provide training for people who work in a whole variety of those cultures, be it psychotherapists, coaches, community builders, or organisational development folks. We're now working in these very varied ways across the UK and Europe, so you're right, there is a very varied menu of what we're offering.

**Virginia:** I imagine a very varied audience as well and very different contexts.

**Sally:** Absolutely, and focussing very much on the original thing that I said interested me; person - world fit. We're very willing to do grassroots education, change and organising, and with my public sector background, this is exactly what I want to do. We work with community organisers, social activists, people wanting to highlight the role of lack of social justice in creating/maintaining health issues and looking at particular social problems. We also offer CPD (continuing professional development) for psychotherapists and particularly a

combination of theoretical and experiential learning, which I found so helpful.

My co-founder in Relational Change, Marie Anne Chidiac is an organisational consultant by background. So together we do a lot around community development and organisational, large systems change.

**Virginia:** I was also going to ask you about the coaching because the only .... I mean in New Zealand, coaches and psychotherapists inhabit utterly different worlds. My only experience of someone who combines them is someone who I've met here who trained in England and would say she does psychotherapy and coaching.

**Sally:** Right.

**Virginia:** So - I'm not so sure about Australia - but here, that's a very unusual thing to find someone doing both. So I wanted to ask you about that too.

**Sally:** It's not that unusual in the UK. My coaching accreditation is with the International Society of Coaching Psychology, and that's becoming a big global community of people. Of course, coaching classically has been done at work and is about optimising performance.

**Virginia:** Like mentoring in workplaces, that kind of thing?

**Sally:** Yes, but we also have what are called life coaches in the UK, who take a coaching style approach to life issues rather than a classic therapy approach, which might orientate more to developmental issues. A coach is likely to instead orientate to visions and aspirations for the future, be more strengths based, focus more on gratitude/appreciation and building on personal values and resources. In the last five years or so that I was in the public sector, I had the opportunity to coach people in the organisation who were senior leaders, but also to offer coaching as an intervention to some of our clients. That meant that instead of psychotherapy, or after a period of psychotherapy, they could have a coaching style intervention which was very flexible and dealt directly with aspirations and projects that they wanted to achieve in their lives. Indeed, some of our service users graduated into becoming peer coaches. That would be a very common public sector model of service delivery now, involving what are called peer led or patient led pathways, or expert patient programmes, where you build on somebody's experience to find the resources that have helped them improve their lives. Then as an educative intervention, they are able to engage other people in their community with similar issues and lead them to make changes.

That is a little like taking the AA model and organising around that. In Relational Change, this is now one of the things that we really want to do .... take that model, but broaden the group of people it can apply to. Here, we are also building on the work of The Relational Center in LA, who established local Community Action Network groups that provide mutual aid and support. This work feels vital to me as I feel very worried about the increasing medicalisation

of what I see as social issues, such as dementia or dying or bringing up your kids or...

**Virginia:** Or being a recluse. Somehow it's an ailment.

**Sally:** Certainly with DSM-5, if you have just had a bereavement, you can very quickly find yourself being offered a prescription rather than psychological advice and support. Of course, once that has happened, there is a tendency to buy into the individualised problem model that we talked about in the first place. We can often forget to look at what supports are around in the wider field, yet we know those make all the difference to how people cope with life. I think Jim Kepner laid that out brilliantly in his book "Healing Tasks" .... the foundational importance of support and community structure.

**Virginia:** So it sounds like you do very little one-to-one work of any kind? You're doing work with groups, organisations, training? You don't really do the one-to-one thing much?

**Sally:** What the one-to-one psychotherapy thing?

**Virginia:** Or coaching, working with individuals, you're not really doing that, it sounds like?

**Sally:** Well I actually do quite a lot of that. I mean I'm thinking of yesterday. I had a supervisee. I had a conversation with somebody in Australia about the GANZ conference for an hour, then I had another supervisee, then I had a psychotherapy client, then I had somebody who's an organisational consultant who I'm coaching, then I had a psychotherapy client.

**Virginia:** Okay, so you do do some of that too.

**Sally:** I do do that. I think it's really important to keep going with the activities that you are teaching and training in. I think you really need to keep doing it. In the first 20 years of my career, I saw a lot of individuals and groups for classic psychotherapy. So it's fair to say I don't have aspirations to have a large, private therapy practice now. I think that there's a lot I could say about issues of sustainability and burn out for therapists, and how many clients across what period of time it is wise to see.

But, I do think it's really important to keep doing the work and also, as a trainer, not just to do the psychotherapy work with people who are in psychotherapy training. For me, there's a huge difference between working with a psychotherapy trainee as a patient, and working with Mrs Bloggins who's living down the road who has a clinical problem and has come to me with an expectation that this is going to get better quick. She's doesn't want to explore the issue for ages; she often wants to feel better as quickly as possible and stop therapy.

**Virginia:** It's a very different experience, yes.

You said that you hadn't mentioned all the people who have been important

to you and you wanted to come back to it. So...I wonder if we can come back to that now.

**Sally:** I've got my list. It's one of the things you mentioned beforehand that I've had a delightful time thinking about. So, yes, I remember the first time I met Gordon Wheeler. I'd met him through his book, *Gestalt Reconsidered*, and I was just blown away by the way that Gordon wrote, but also his ethical and moral stance that was coming through. My experience of knowing Gordon over the years is that he has inspired me even more into social action ... social change.

I also clearly remember the first time I went on a workshop with Lynne Jacobs. I was blown away by the clarity with which she spoke about the importance of being met in your personal subjective experience and not shoehorned into somebody else's formulation, or modality.

I remember coming back from that workshop and my husband and I went out on a long walk with our dog and needed to take the dog through a field of cows and I was frightened. My husband did all sorts of reassuring things like saying there's no need to be frightened, I'll take the dog, followed by, look you're really over reacting, it's all fine. Followed by why don't you use those anxiety management skills they taught you? And I just stood there saying, I want you to know I'm frightened. Once I feel you've got it then we'll decide what to do.

I got that from Lynne, the sense of truly needing to meet the client where they are. I hope it is now a cornerstone of how I work. Also from Lynne an interest in philosophy, which has been so important to me. People often ask why I want to read all these obscure phenomenological philosophers. The answer is very simple - to me it's the foundation of our approach. Our focus on sensation and personal experience comes from that theoretical base about what it is to be worlded. What is to be human. I think reading philosophy has made a huge difference to my appreciation of how people live in the world.

**Virginia:** Yes, and coming through that is also the influence of Donna Orange in her relationship with Lynne...

**Sally:** Yes.

**Virginia:** ...and her interest in Gestalt and humanistic therapies.

**Sally:** Absolutely, and the ethical. When I think of working with Donna, I think of this overarching emphasis on our shared humanity and the importance of compassion and radical inclusion of people, rather than categorising and turning them into a diagnosis. More recently, I have been hugely inspired by my colleagues in the Relational Movement, which is the social, political, educative, community building group that influences me. That would be Mark Fairfield, Marie Anne Chidiac and Leanne O'Shea. I'm sure there are other people that I am going to meet when I'm out who are also really interested in the social justice, community building side of Gestalt. Together we hope for a more accessible

version of Gestalt that can thrive outside of the therapy space as well as inside specialist services.

**Virginia:** You alluded earlier ..... and this is something that pre-occupies me at times ... to the use of the word relational.

**Sally:** Yes.

**Virginia:** Because I find that it's got so many meanings for so many people, that it's becoming .... what does it mean? Is it ceasing to be useful? Is there some other term that we need to develop because I think most Gestalt trainings would now use the term and my sense is that for some of them, it's not what others would call relational. It's become the buzzword if you like.

**Sally:** Absolutely. You couldn't really brand yourself successfully by saying, we're a non-relational training!

**Virginia:** Exactly, you couldn't do it, no.

**Sally:** So I think we've got to be really clear that it's a way of signalling that we are interested in the person - world fit. That there's something there about context and seeing people in context - self as a function of the field. To me I can identify about three main varieties of relational I think. They have different lineages and I think all of them have some value.

**Virginia:** You mean within Gestalt, you could identify three main varieties?

**Sally:** I think so within Gestalt.

**Virginia:** Well, okay. So I'm interested in that. What are they?

**Sally:** Well I think first there's the, "we've always been relational" variety. Which means that right from the outset, you read Perls, Hefferline and Goodman and what you're reading is this - self is a function of the field. So here, relational is all about context; it's about resourcing one's self from the field while recognising one's intention and impact. Models such as the cycle, or wave, of experience would tend to fall into this group. I think there's a lot of merit in some of those very original formulations of Gestalt. I'm particularly keen on the Paul Goodman contributions.

**Virginia:** I imagine, yes. I mean sometimes as you've been talking, I've been thinking Goodman's in here.

**Sally:** Yes. I think that's right. But I also think I'm not an anarchist although I might be described as a social activist. I understand that if we go a long way into supporting intersubjectivity then the only possible political structure that can support it might be anarchy. That creates a problem politically for me; especially concerning issues of inclusion and power. Because while that works well on an individual level in a service setting, there are fewer models of how this might work well for groups. On a larger scale it seems to foster competition concerning resources.

I think there is a second form of relational that is perhaps more dialogic,

that's very much about the relationship with the therapist in the room. I guess when Lynne Jacobs and Rich Hycner wrote *The Healing Relationship*, to me that was a reach back to some of my psychoanalytic training in a way and the uses of transference, counter transference, and a more developmental orientation.

**Virginia:** In a way, Lynne has brought some of that in with her psychoanalytic training.

**Sally:** Absolutely. Then I guess there's another variety of relational that I see more with constellations work, where the "subject" isn't so much the individual person in the world, or in the therapy relationship, but rather the study of the movements in the whole group field.

In this relational variety, it seems to me that the subjectivity is not any more in the individual, or in the dyad; it's in the group, or even in the issue. I think that's a very interesting difference so I like to talk about these varieties and orientate people to some of the different theoretical formulations and methodologies. In particular, I believe that the combining of these is potentially very confusing unless there is a clear articulation of their similarities and foundational differences. I'm not saying one variety is preferable, or that these three varieties are the only ones. Indeed, I advocate for what I term Relational Pluralism - choice of approach depending on context. But I do think that the choice needs to be informed by a clear appreciation of the differences. I also recognise that outside of Gestalt, there is the emphasis on just relationships. What would happen if we were in better relationships, not just with other languaged humans, but also with the non-human world, our whole ecology and history. So that's another aspect of relational that I am very keen on, that pre-languaged, non-verbal interconnection that Dan Zahavi calls 'The minimal self'.

**Virginia:** Am I right that you live out in the country? Do you live in the country?

**Sally:** Well, yes. I've got a Facebook cover photo at the moment that is of the Malvern Hills where I live, which is an area of outstanding natural beauty. Then I also spend a lot of time right on the end of Cornwall, on the beach. So natural beauty would be something that I find incredibly sustaining and if I think back to what we said first about person - world fit, I really believe that to have healthy, flourishing people, we need a healthy, flourishing natural world.

**Virginia:** Yes indeed, yes.

**Sally:** I see therapists as having the skills to nourish and help people to thrive, and I also think we have skills that we could mobilise to help the nonhuman world flourish and thrive as well. That's my personal, political ambition I suppose . . . . that we take the word "relational" very seriously and think about climate change, social justice, poverty, and all the broad aspects of our person-world environment.

**Virginia:** So I'd like to come now to the conference theme. I mean you don't

want to say what you're going to say when you come in just under a year's time, but I wonder if one of the things that enticed you was the conference theme, which is 'Present at the edge'?

**Sally:** I think it's a wonderful theme. I've woken up so far with three different titles, all related to the theme. So I'm incubating them. I think they've been present in our conversation. As you say, I don't know what I'm going to say, but one theme that is around is this edge of professionalism. How is the edge of professionalising and trying to gain traction within the dominant culture in service provision affecting us? To me that feels like an edge. I have huge interest in what happens to Gestalt if we go over that edge, or across that line. I don't have a, "don't do it" or "do do it", because I've lived both sides of that line as a Consultant Clinical Psychologist and a Gestalt psychotherapist. But I'm very excited about that. Both to think of being in the senior psychiatrist's privileged power position and to think of being marginalised.

**Virginia:** That's one of the things that's changed in this country in the last five or six years - we, as psychotherapists, have become registered in New Zealand. The Gestalt training is registerable and it does change some things.

**Sally:** It does.

**Virginia:** You've got to meet certain requirements to maintain your registration. And trainings ... this is still in process .... are going to have to meet certain criteria that they didn't used to have to, which does do that thing that you've been talking about.

**Sally:** It certainly does. I mean I've been very involved in two institutes here. I was a director of Gestalt SouthWest and then primary tutor at Metanoia, where training gave you registration and a masters degree. But my goodness, that's a long haul and a hard expensive training and it has to be configured to hit those particular goals. Of course when I was training, I had the luxury of not being very interested in hitting a goal at all because I was already qualified as a Clinical Psychologist. I'd practiced already. So my situation was more like the American one where to be practicing Gestalt you have to be able to practice already.

**Virginia:** I know. You're already trained in something.

**Sally:** That's right. Here in the UK that's not the case - your Gestalt training gives you your license.

**Virginia:** Not here either, yeah.

**Sally:** That's a very different deal. Because the issues of safety to practice, clinical competency, and things like that, you could take for granted in America. Whereas here, if you're training people as a stand-alone registration, you've got to really include all the aspects of safe, professional, evidence-based practice, and that really configures what you teach.

**Virginia:** Yes, I agree, it does and it is an edge. One of the terms that I associate with you that also seems to go with present at the edge, is the use of the term liminal space, which I think I've read and heard you say.

**Sally:** Yes. Well that's another whole edge/threshold that I'm interested in, which would be transformational change and spirituality. If ever I write a book, which at the moment I'm definitely committed to *not* doing because of the time involved, it would be called "States of Grace: a Gestalt approach to living". I think this places an emphasis on the field and issues such as synchrony and serendipity, which I find fascinating to explore.

I think many more things happen in our life of huge importance than we planned or will to make happen. I think these are the field factors and, if you like, the interconnections in the world that we cannot see, know or control. The liminal space starts to try and study these field factors through a framing process and use of ritual and metaphor. It focuses on trying to create conditions that I would term 'stillness in motion', threshold moments of mobilisation just prior to action. In the original Gestalt cycle, we have a place called the fertile void. That is one space that I'm interested in; the resting space, the recovery space. But in our culture, another edge that I think we're on is one of frenetic, busy, productive, driven, over-activity driven largely by notions of economic growth and the productivity cycle. Most of the people that I see for psychotherapy, or coaching, or consulting are therefore pretty exhausted.

**Virginia:** And overworked.

**Sally:** Overworked, and focused on "productivity", because their value has become what they produce. People then often long for the fertile void of rest and recovery. They will opt out, and withdraw and often describe themselves as burnt out. Generally that shows up first in the body. But I am really interested in creating what I would call liminal spaces, transitional points where we intentionally pause, but stay present rather than withdrawing prematurely or after over-activity.

I write about this in the paper *Process of Presence* that I co-authored with Marie-Anne (Chidiac). The task is to become present in your own life with awareness in every moment. Not that you create withdrawal spaces to retreat to in some sort of polarising process. It seems to me that people are massively active and then go on a silent retreat for 10 days. So it's like isolation and confluence; we flip flop between polarities of hyper-activity and exhaustion. What I'm trying to do with liminal space is find stillness in motion ... how to be present in the moment, and as far as is possible, be aware of the actions that we're engaged in and the consequences of those. Also the values that are incorporated in the actions we're about to take and how congruent that is with our sense of self. That requires, I believe, a different pace and rhythm to the frenetic activity that's

going on in our culture. Of course, I also recognise these patterns in myself as a member of that culture and hope that by researching and teaching about this specific edge, I will learn something of immense value applicable in my own life.

**Virginia:** Yes. That has a flavour of the very fashionable word mindfulness too, doesn't it?

**Sally:** Yes. It is close to mindfulness. I certainly think mindfulness is extremely useful. But I do perceive a difference from the mindfulness I was taught which was concerned with being present to what is, without judgement. Actually, I am interested in something very different from that - people being highly engaged and very actively discerning the next action to take. That process is full of judgements and discriminations around what is health and better/worse consequences of actions.

**Virginia:** So it's got quite a lot more intention in it maybe?

**Sally:** Absolutely . . . more intention and more explicit values judgements. I do want to promote certain values and think that as change agents of any variety, (therapists, coaches, consultants, community activists), we want people to be healthier, or the planet to be healthier, as a result of the changes we make. We don't want to be promoting interventions that create destruction and disease. That means that I try and foster values discernment and then alignment about what actions we take. Does this nourish me? Is it dangerous for me or somebody else? Is this sustainable? These are all edges where I want us to be present and the liminal space is very much related to that theme. The final thing I would say that the conference theme has brought up for me, is about self disclosure

**Virginia:** As an edge? The edge of self disclosure?

**Sally:** That is also related to the liminal space for me. For example, let's say I've had a really busy weekend and I've looked after my mother's house and I've cleaned my own house and I might have had friends round, and maybe I've had a bit of an upset and I'm feeling considerably less than well resourced. Then I go in with my client, who is imagining that my life is some sort of sublime vista of peace, harmony and all is going well. I'm sitting there thinking, well actually, my life at the moment is in chaos, disarray. I feel despairing and upset, how far do I go out onto that edge of disclosure?

**Virginia:** It's a very interesting question I think. It might be different of course with different people, with different clients as well. But I think it's often a dilemma. I think it's one we wrestle with again, and again, and again.

**Sally:** So the title that came up for that one was "secrets and lies".

**Virginia:** Well yes.

**Sally:** I'm remembering a wonderful phrase that Donna Orange used at the PGI residential in 2013 when she was teaching - "will I pass?" Can I get

away with it today? I have thought about this a lot and believe there is an ethical issue about how we present ourselves to clients. Mark Fairfield talks about the “leadership of vulnerability” and yet so often we are hiding our vulnerability and instead presenting a heroic and fortified image. I’m increasingly curious about looking at this dilemma very differently. Of doing more self-examination as to how we actually make it through our own terrible times and talking more honestly about resources, coping, support, and so on. I think this form of sharing and story-telling rather than putting up some sort of ... I don’t know ... organisation of myself that feels more competent or resourced than I’m actually experiencing, may ultimately be more humanly useful. That leads us back to this professionalisation dilemma as well.

**Virginia:** Yes, indeed and there’s quite a lot of writing these days about Sandro Ferenzci - who did experiment with that and with mixed results of course. Now I’m conscious of the time, and I wanted to ask you one more question, which might be a big one. Where do you see Gestalt in an ongoing way? I mean you’ve talked quite a lot about trying to preserve something of it’s - I don’t quite want to use the word creativity - but you’re talking in a way about something like that. There’s some sort of almost wildness about Gestalt that you don’t want to lose.

**Sally:** Yes.

**Virginia:** I mean do you see this as a successful kind of - that it’s going to happen, that Gestalt is still growing and alive and expanding?

**Sally:** You put in a very interesting word there I think, when you said “successful” as I think we need to seriously consider what would be a good outcome for us. What is success? Is it that we get professionalised, and respected and into the community?

**Virginia:** And does that kill something if that does happen?

**Sally:** Well that’s right, because I tell you I wouldn’t be sitting here with you as a Gestaltist, if the first time I’d encountered it that’s what had been on offer. It was precisely because it was something so radically different that it attracted me. On the other hand, I have concerns about all sorts of psychotherapy, in the economic crisis really. How many people can afford it and access it? Who is accessing it? And whether to ally ourselves with the restoration of functioning is where we want to be. What I want to actively promote now is more of the Goodman edge of community action; getting interested in our ecology. I’d like to see us using our skills in a whole range of ways probably outside of the traditional therapy space. I think we have amazing skills that are all about person - world fit, and I suppose to me that’s where I’ve seen Gestalt have the most impact. I’ve seen it used most effectively with communities and large systems. That doesn’t mean that I think individual change and changing one person at the time isn’t a

good thing to do. I absolutely do. But for me there is something about joining with other people and taking the word relational into a discourse about changes needed in the wider human and non-human ecology. I think we have skills that we could bring to that and be of great service.

**Virginia:** Great. Well thank you. It's been very rich and very interesting. I look forward to seeing you in Brisbane.

**Sally:** Oh well thank you. It's been lovely talking to you.

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