

Academic/Research Article

A simulated interview with Fritz Perls: Part 3 - Final pearls from Perls

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now moment. His emphasis on authentic relationships was aligned with the genuineness endorsed by Carl Rogers and the social games identified by Eric Berne. Perls' discussion of the social roles played by most adults foreshadowed the valuable ideas highlighted in transactional analysis.

Despite holding a medical degree, Perls disavowed the value of psychotropic medications. Furthermore, he avoided diagnostic labels in favor of viewing client struggles as problems with adjustment (Lobb, 2016). Staying true to the Gestalt movement, Perls was not invested in research to examine or support his ideas, which makes sense, because of the reductionist approach that is required for most research investigations. Perls was never active in research and he believed that research studies have become overly structured and quite artificial. Thus, empirical research has not been a good fit for an experiential approach like Gestalt therapy (Reck, 2017). Over the years, there has been little research conducted to support Gestalt therapy (Brownell, 2016; Raffagnino, 2019). However, Gestalt therapy could be strengthened by the current emphasis on evidence-based practice (Reck, 2017) or the Gestalt approach may risk obsolescence (Beja et al., 2018).

This article presents the third and final simulated interview with Frederick (Fritz) Salomon Perls (FSP) led by James C. Overholser (JCO).

Throughout his career, Perls shunned discussions of past events in favour of experiencing the here-and-now moments that occurred during therapy sessions. He preferred the lived experience of group therapy, due to the spontaneous interactions that developed during them and his lively workshop demonstrations

Fritz Perls was the charismatic leader of Gestalt therapy. He embraced the gestalt approach, retaining a focus on the here-and-now momentary exchange between people. Throughout his career, he shunned discussions of past events in favour of experiencing the here-and-now moments that occurred during therapy sessions. Fritz Perls' ideas have clinical utility that have persisted beyond his own teaching.

Over the course of his career, Perls published several books and articles, but he preferred the lived experience of group therapy and his lively workshop demonstrations. He endorsed a fluid and creative approach to therapy. Perls believed that group work is more useful than individual sessions, because the spontaneous interactions that develop during group sessions bring the issues into the here-and-

FSP: “Okay. Sit down” (Perls, 1973, p. 121). “Before you ask questions, I want to say something” (Clements, 1968, p. 66). “It took us a long time to debunk the whole Freudian crap” (Perls, 1969a, p. 1). “I think individual therapy is obsolete, that it should be the exception rather than the rule” (Perls, 1970a, p. 36). “I have eliminated individual sessions altogether, except for emergency cases ... all individual therapy is obsolete and should be replaced by workshops in gestalt therapy” (Perls, 1967, p. 306).

JCO: Well, that gets the conversation rolling. I prefer individual sessions using the traditional 50-minutes hour.

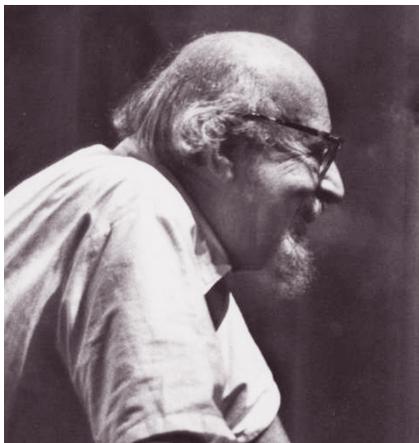
FSP: “That’s crap and being compulsive, the 50 minutes ... Sometimes we work 20 minutes with a person, sometimes an hour and a half. This whole individual therapy crap is completely obsolete. It’s a fossilized survivor of the Freudian period” (Clements, 1968, p. 70).

JCO: Well, that does not align with my expectations for therapy.

FSP: “I am not here to live up to your expectations” (Perls, 1969a, p. 4).

JCO: Fair enough. Why do you feel group therapy is better than individual sessions?

FSP: “In the group situation something happens that is not possible in the private interview ... Somehow, trust in the group seems to be greater than trust in the therapist” (Perls, 1967, p. 311). “The group’s observation of the manipulative games which the neurotic plays, the roles he acts out in order to keep himself in the infantile state, facilitates their own recognition” (Perls, 1967, p. 312).



Fritz Perls - Photo source: exploringyourmind.com

JCO: And group therapy is more efficient than individual sessions?

FSP: “Exactly” (Perls, 1970b, p. 229). “I have tried to find a method to shorten the time required for psychoanalysis” (Perls, 1979, p. 11).

JCO: Like what?

FSP: “Home exercises are an important factor in the shortening of the treatment” (Perls, 1979, p. 17). “We ask all our patients to try doing some homework, and many are capable of speeding up their therapy considerably” (Perls, 1973, p. 82). “I give integration exercises to my patients according to the nature and severity of their dissociation. I know quite well that they cannot do these exercises in an efficient manner, so, as we go along, we analyze the difficulties or resistances step by step” (Perls, 1979, p. 12).

JCO: I agree. Assignments are helpful, but it can be a struggle with some patients.

FSP: “I am fully aware that the patient cannot be immediately successful in the tasks which I put before him. If he could, he would not need my assistance” (Perls, 1948, p. 575). “The problem of psychotherapy is to enlist the patient’s power of creative

adjustment without forcing it into the stereotype of the therapist’s scientific conception” (Perls, Hefferline & Goodman, 1951, p. 328).

JCO: Let me change topics. How would you describe yourself as a psychotherapist?

FSP: “I believe that I am the best therapist for any type of neurosis in the States, maybe in the world” (Perls, 1969b, p. 217). “I like my reputation as being both a dirty old man and a guru” (Perls in Thomason 2016, p. 8). “There, I did it again. Boasting” (Perls, 1969b, p. 2). “I am sure that in spite of all my boasting I don’t think much of myself ... most of my showing off is overcompensation” (Perls, 1969b, p. 2). “I often ask for approval, recognition, and admiration during conversations” (Perls, 1969b, p. 6).

JCO: You have a degree in medicine, but you do not rely on medications to treat your patients.

FSP: “That’s right” (Perls, 1969b, p. 117). “Neurosis is an unbiological attempt of solving man’s social problems” (Perls, 1979, p. 20). “Medical means are insufficient” (Perls et al., 1951, p. 360). “Today we spend years and millions on testing the safety and efficiency of every drug that comes on the market” (Perls, 1969b, p. 136). “We believe further that the ‘mental-physical’ or ‘mind-body’ split is a totally artificial one” (Perls, 1973, p. 53) “The either/ or emphasis on ‘mental’ and ‘physical’ ... limits the therapist’s ability to handle it” (Perls, 1973, p. 53). “This psychological process cannot be divorced from the physiological one; that each contains elements of the other” (Perls, 1973, p. 6).

JCO: What about something simple like headaches?

FSP: “We do not try to get rid of the headaches” (Perls, 1953-1954, p. 49). “We ask them to take more responsibility and less aspirin. We do this by asking them to discover ... how they produce their headaches” (Perls, 1973, p. 67).

JCO: Do you ever prescribe pain killers or mood stabilizers?

FSP: “Definitely not” (Perls, 1978a, p. 55). “Pharmacological ‘pain-killers’ are a means of partially blocking out one’s actuality” (Perls et al., 1951, p. 36). “The physician who prescribes barbiturates for insomnia ... prevents the problem in question from coming to the foreground by prescribing sleeping drugs, which are a very potent means of diminishing awareness, and he thus perpetuates a situation which the organism in its infinite wisdom is trying to resolve” (Perls, 1979, p. 9).

JCO: Why are you so strongly opposed to psychotropic medications?

FSP: “You might also take refuge in the panacea of modern psychiatry, tranquilizers, the damper of the excitement of our life force, and push your unsolved problems under the rug” (Perls, 1969b, p. 90). “The drug temporarily dulls the pain, but it does not solve the problem” (Perls et al., 1951, p. 195). “With the tranquilizer we cut out his vitality” (Perls, 1969b, p. 167).

JCO: The medications may disrupt psychotherapy. I worry that clients may stop working to make changes and instead they passively wait for the medications to bring about some positive effect.

FSP: “Yes, that’s very interesting” (Perls in Clements, 1968, p. 68). “For surgical and pharmacological forms of medical treatment, the patient can be perfectly passive, and it is better if he is” (Perls et al., 1951, p. 165).

JCO: How are things different in psychotherapy?

FSP: “From the beginning the patient is an active partner in the work ... and the emphasis is shifted from the rather comfortable sentiment that he is sick to the sentiment that he is learning something” (Perls et al., 1994, p. 36).

JCO: What is your view of psychiatric diagnosis?

FSP: “I think it is stupid” (Perls, 1970b, p. 226). “The method of defining and pigeon-holing seems to get us nowhere” (Perls, 2012, p. 91). “The distinction between normal and neurotic has become less than irrelevant; it is positively misleading” (Perls et al, 1951, p. 362). “Every person in our society has his ‘neurotic trends’, ‘unresolved conflicts’, or ‘areas of maladjustment’” (Perls et al., 1951).

JCO: So, neurosis means immaturity?

FSP: “The word “neurosis” is very bad. I use it, too, but actually it should be called growth disorder” (Perls, 1969a, p. 30). “I consider the neurosis to be a symptom of incomplete maturation” (Perls, 1969b, p. 23). “A neurotic may be defined as a person who is unable to assume the full identity and responsibility of mature behavior. He will do anything to keep himself in the state of immaturity” (Perls, 1967, p. 308). “To mature means to take responsibility for your life” (Perls, 1969a, p. 46). “Maturation is a continuous growth process

in which environmental support is transformed into self-support” (Perls, 1967, p. 309).

JCO: Do you feel that most clients avoid taking responsibility for their life?

FSP: “Neurosis ... arises when the individual somehow interrupts the ongoing process of life and saddles himself with so many unfinished situations that he cannot satisfactorily get on with the process of living” (Perls, 1973, p. 23). “When the individual is frozen to an outmoded way of acting, he is less capable of meeting any of his survival needs, including his social needs” (Perls, 1973, pp. 25-26). “The neurotic, instead of mobilizing his own resources, puts all his energy into manipulating the environment for support” (Perls, 1980, p. 305).

JCO: But many people, myself included, feel they should do more, should be better.

FSP: “You find that you are always, always full of should. ‘You should do this,’ ‘Don’t do this,’ ‘This shouldn’t be,’ ‘This isn’t fair’” (Perls, 1978a, p. 59). “In order to comply with the ‘should’ demands of society, the individual learns to disregard his own feelings, desires and emotions ... When the individual attempts to live according to preconceived ideas of what the world ‘should’ be like, he brackets off his own feelings and needs” (Perls, 1975a, p. 2).

JCO: How *should* someone respond to *should* statements? Hah!

FSP: “In responding to “should” demands, the individual plays a role ... He shies away from seeing his limitations and plays roles unsupported by his potential ... He constructs an imaginary ideal of

how he “should” be and not how he actually is ... the individual develops a phony facade to impress others” (Perls, 1975a, p. 3).

JCO: It sounds like therapy helps clients to behave like adults?

FSP: “The answer is no” (Perls, 1978a, p. 70). “Very few people can really see themselves as adults” (Perls, 1970b, p. 222). “An adult is in my opinion a person who plays a role of an adult, and the more he plays the role, the more immature he often is” (Perls, 1969a, p. 29). “It is difficult for him to realize the difference between mature behavior and *playing an adult*” (Perls, 1978c, p. 76). “Be aware of the games we play” (Levitsky & Perls, 1970, p. 6).

JCO: What do you mean by games?

FSP: “As social beings we play roles and games” (Perls, 1969b, p. 4). “In the social system the loss of nature is replaced by rules of games” (Perls, 1978a, p. 64). “A great deal of our thinking consists of internal rehearsal and preparation for playing our accustomed social roles” (Levitsky & Perls, 1970, p. 9). “Playing sick is one of the many ways the insecure manipulate the world” (Perls, 1969b, p. 23).

JCO: Do you feel that clients often manipulate others?

FSP: “That’s right” (Perls, 1969a, p. 25). “I call neurotic any man who uses his potential to manipulate others instead of growing up himself” (Perls, 1969b, p. 19). “The neurotic, instead of developing his own self support puts all his energies into manipulating the environment for support” (Perls, 1978a, p. 66). “He looks for environmental support through direction, help, explanation, and

answers. He mobilizes not his own resources, but his means of manipulating the environment - helplessness, flattery, stupidity in order to get support” (Perls, 1967, p. 309).

JCO: Where did these problems come from?

FSP: “The child learns, often by copying some adult, to secure environmental support by playing helpless or stupid, by bullying, by flattering, by trying to be seductive, and so on and on” (Perls, 1967, p. 310). “The patient has been conditioned to manipulate his environment for support. He does this by acting helpless and stupid” (Perls, 1978c, p. 76). “Manipulating others is an art ... most frequent are the dependence games: ‘I cannot live without you’ ... You are so great, so wise, so good” (Perls, 1969b, p. 20). “One of the main games we play is the ‘one-upmanship game’: ‘I’m better than you are’” (Perls 1970a, p. 15).

JCO: So, clients struggle when their manipulations doesn’t work?

FSP: “No, not exactly” (Perls, 1969b, p. 185). “The neurotic’s problem is not that he cannot manipulate, but that his manipulations are directed toward preserving and cherishing his handicap, rather than getting rid of it” (Perls, 1973, p. 47). “His means of manipulating are manifold. He can talk, often drowning us with words. He can sulk and go on strike. He can promise and make resolutions; he can break promises and resolutions. He can be subservient, he can sabotage” (Perls, 1973, p. 47).

JCO: How do you address these issues in therapy?

FSP: “In Gestalt therapy, maturity is achieved by developing the individual’s own potential through decreasing environmental support, increasing his frustration tolerance, and by debunking his phony playing of infantile and adult roles” (Perls, 1978c, p. 76). “What we frustrate is his endeavor to control us by his neurotic manipulations. This forces him to fall back on his own resources and develop self-support. Then he can develop all his manipulatory skill towards the satisfaction of his real needs” (Perls, 1973, pp. 108-109).

JCO: But frustrating the client could damage rapport.

FSP: “Yes, possibly” (Perls, 1973, p. 151). “We may be all-accepting saints like Carl Rogers, or anger-bristling, gouty, crochety misanthropes” (Perls, 1969b, p. 247). “We shift the responsibility onto you (Perls, 1969b, p. 247).

JCO: Still, clients could become angry with their therapist?

FSP: “The malfunctions of the neurotic become manifest in his lack of genuine self-expression (Perls, 1948, p. 574). “With this lack of adequate self-expression, an emotion will not be expressed and disposed of by emotional discharge” (Perls, 1948, p. 583).

JCO: Do you feel that clients stop being genuine and become phonies?

FSP: “You might say that” (Perls, 1970a, p. 26). “I call anybody phony who puts on an act” (Dolliver et al., 1980, p. 138). “You notice a beautiful polarity - phoniness, and the reverse, being real and authentic” (Perls, 1973, p. 173). “The gap between one’s potential and its actualization on the one side of the ledger, and

the distortion of this authenticity on the other, becomes apparent” (Perls, 1969b, p. 7).

JCO: I don't like phonies.

FSP: “I don't believe it” (Perls, 1973, p. 141). “Can you hear your voice?” (Perls, 1973, p. 90). “If you say it so blandly, you make me unsure of how to begin” (Perls, 1969b, p. 163). “Now stand up and say the same sentence as a giant” (Perls, 1973, p. 171). “Talk to phoniness” (Perls, 1973, p. 172). “Again, in a louder voice” (Perls, 1973, p. 165). “Can you stay with this feeling? (Levitsky & Perls, 1970, p. 10).

JCO: I don't like PHONIES!

FSP: “Okay, how do you feel now?” (Perls, 1973, p. 124). “Can you feel it?” (Perls, 1973, p. 167).

JCO: Yes, I guess I feel better, maybe more open about it.

FSP: “Now we are getting somewhere.” (Dolliver et al., 1980, p. 138). “There you get a little piece of gestalt therapy” (Perls in Bry, 1972, p. 62). “If you wear a mask ... anyone trying to touch you ... will merely make contact with the mask” (Perls, 1969b, p. 36). “Only the mask is in contact with the world” (Perls, 1978b, p. 65). “The patient will not part with the mask as long as his feeling of safety behind it outweighs the discomfort of wearing it” (Perls, 1973, p. 94).

JCO: Let me change topics. What do you think of the current push for objective science to support psychological treatments?

FSP: “There is no such thing as objective science” (Perls, 1969c, p. 14). “The objectivity of science is also just a matter of mutual agreement” (Perls, 1969a, p. 13).

JCO: What is your view of the relationship between scientists and practitioners?

FSP: “Admittedly, there is difficulty here” (Perls, 2012, p. 11). “Psychologists ... may be roughly divided into two groups ... the ‘experimental approach,’ while the others ... the ‘clinical approach” (Perls et al. 1951, p. 6). “Experimentalists and clinicians have viewed each other with mutual distrust. To the experimentalist the clinician has seemed ... an untamed wild man, careening drunkenly through areas of theory and practice; while to the clinician the experimentalist has appeared an untreated obsessional, miserably bound to his counting mania and, in the name of pure science, learning more and more about less and less” (Perls et al., 1951, p. 8).

JCO: Although some research studies are vital to good clinical practice.

FSP: “Yes. Very rarely though” (Perls, 1969b, p. 205). “Present-day experimentalists still tend to be ultra-conservative in the selection of problems upon which to do research ... the experimentalist ... will clamor for ‘objective evidence” (Perls et al., 1951, p. 7). “They have clung to the scientific method of the formal laboratory ... one must turn away from the fetishism of the accepted ‘scientific method’. The experiment must be real ... in the sense of making a personal difference” (Perls et al., 1951, p. 465). “Great research does not shun the painful contradictory evidence to his theory but seeks it out to enlarge and deepen the theory” (Perls et al., 1994, p. 37).

JCO: Clinicians have a different way of looking at things than researchers.

FSP: “That is right ... there is a big difference” (Dolliver et al., 1980, p. 137). “Clinical approach has been regarded as the antithesis of ‘experimental approach’. It has lacked rigor and quantitative evaluation of results” (Perls et al., 1951, p. 13).

JCO: What do you see as the problem with academic researchers?

FSP: “They carefully sterilized (controlled) the experimental situations, making them less and less possibly interesting” (Perls et al, 1951, p. 464). “To over-emphasize the abstract is characteristic of so-called intellectuals. With some of them one feels that what they say derives solely from other words - the books they have read, the lectures they have attended” (Perls et al, 1951, p. 47).

JCO: Do you align more with clinicians than researchers?

FSP: “Yes, possibly” (Perls, 1973, p. 151). “I believe one case, fully understood, will do more than the research and examination of hundreds of cases and control cases” (Perls, 1969b, p. 272). “The clinician ... was forced from the beginning to deal in some fashion with the full complexity of human behavior ... and protected the vital level of his work from sinking ever to the depths of what may be performed in the name of experimental science - namely, to grub away at safe tasks for the sake of adding items to one's list of publications” (Perls et al., 1951, pp. 7-8).

JCO: If research is rarely useful, do you find more value in psychological theories?

FSP: “Yes and no” (Perls, 1969b, p. 116). “Planning of any treatment is

dictated by the weltanschauung of the therapist” (Perls, 1979, p. 8). “The psychotherapist’s philosophy determines his specific approach” (Perls, 1948, p. 571).

JCO: So, theories provide the guide for therapy sessions.

FSP: “The therapist ... should plan his course of action, but remain alert and elastic during the whole treatment” (Perls, 1979, p. 21). “A technique used without understanding is a gimmick” (Perls in Clarkson & Mackewn, 1993, p. 96). “The more the therapist relies on his convictions and prejudices ... they prevent the therapist from seeing anything else” (Perls, 1973, p. 103). “The healthy person trusts his senses rather than his concepts, his prejudices” (Perls, 1969b, p. 24).

JCO: I think a mix of different theoretical orientations works best.

FSP: “The division of psychotherapists into mutually hostile ‘schools’ has been more

destructive to the young science of psychotherapy than the earlier hostility of the laymen; each school in its battle against the other has acted as if it had all the answers and, for the most part, has ignored insights of a rival school” (Perls, 2012, p. 75). “The various theories are not logically incompatible and often neatly supplement and indirectly prove one another” (Perls et al, 1951, p. 327).

JCO: How do you know when therapy can be finished?

FSP: “Treatment is finished when the patient has achieved the basic requirements: change in outlook, a technique of adequate self expression and assimilation, and the ability to extend awareness of the aversive level. He has then reached that state of integration which facilitates its own development” (Perls, 1948, p. 585). “A small hole cut into an accumulation of snow sometimes suffices to drain off the water. Once the draining has begun, the trickle broadens its bed by itself;

it facilitates its own development” (Perls, 1948, p. 572).

JCO: That’s an interesting metaphor.

FSP: “Somehow I feel mellow than usual today. This is a fitting place to end a series of talks” (Perls, 1975b, p. 73). “I wish to express my gratitude to you for having given me the opportunity to voice my point of view” (Perls, 1979, p. 22). “I think you did a very good job here” (Perls, 1969a, p. 202). “I must finish” (Perls, 1979, p. 20). ☺

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REFERENCES

- Béja, V., Francesetti, G., Roubal, J., & Reck, M. (2018). Out of the Paris Conference: a step into exploring practice-based research in Gestalt therapy. *British Gestalt Journal*, 27(1), 7-13.
- Brownell, P. (2010). *A guide to contemporary practice Gestalt therapy*. Springer.
- Bry, B. (1972). Gestalt Therapy. In A. Bry (ed.) *Inside Psychotherapy* (pp. 57-70). Basic Books.
- Clarkson, P. & Mackewn, J. (1993). *Fritz Perls*. Sage.
- Clements, C. (1968). Acting out vs. acting through: An interview with Frederick Perls. *Voices*, 4 (4) 66-73.
- Dolliver, R., Williams, E., Gold, D. (1980). The art of gestalt therapy or: What are you doing with your feet now? *Psychotherapy*, 17 (2), 136-142.
- Levitsky, A. & Perls, F.S. (1970). *The rules and games of gestalt therapy*. Science and Behavior Books.
- Lobb, M. S., & Wheeler, G. (2015). Fundamentals and development of Gestalt Therapy in the contemporary context. *Gestalt Review*, 19(2), 1-24.
- Perls, F.S. (1948). Theory and technique of personality integration. *American Journal of Psychotherapy*, 2(4), 565-586.
- Perls, F., Hefferline, R., & Goodman, P. (1951). *Gestalt Therapy: Excitement and growth in the human personality*. Bantam Books.
- Perls, F.S. (1953-1954). Morality, ego boundary and aggression. *Complex*, 9, 42-52.
- Perls, F.S. (1967). Group vs. individual therapy. *ETC: A Review of General Semantics*, 34 (3), 306-312.
- Perls, F. S. (1969a). *Gestalt Therapy Verbatim*. Bantam Books.
- Perls, F.S. (1969b). *In and out of the garbage pail*. Real People Press.
- Perls, F.S. (1969c). *Ego, hunger, and aggression. The beginning of Gestalt Therapy*. Vintage Books.
- Perls, F.S. (1970a). Four lectures in Gestalt Therapy. In F. Shephard (Ed.) *Gestalt therapy now* (pp. 14-38). Science and Behavior Books.
- Perls, F.S. (1970b). Dream seminars. In F. Shephard (Ed.) *Gestalt therapy now* (pp. 204-233). Science and Behavior Books.
- Perls, F.S. (1973). *The Gestalt approach & eyewitness to therapy*. Science and Behavior Books.
- Perls, (1975a) Gestalt therapy and human potentialities. In Perls, F.S. & Stevens, J. (eds). *Gestalt is* (pp. 1-7). Real People Press.
- Perls, (1975b). Resolution. In Perls, F.S. & Stevens, J. (eds). *Gestalt is* (pp. 69-73). Real People Press.
- Perls, F.S. (1978a). Cooper Union Forum – Lecture Series: “The Self,” and “Finding Self Through Gestalt Therapy.” *Gestalt Journal*, 1(1), 54-73.
- Perls, F.S. (1978b). Psychiatry in a new key: II. *Gestalt Journal*, 1(2), 49-65.
- Perls, F.S. (1978c). Gestalt therapy and human potentialities. In F. Stephenson (Ed) *Gestalt therapy primer* (pp. 73-79). Jason Aronson.
- Perls, F.S. (1979). Planned psychotherapy. *Gestalt Journal*, 2(2), 5-23.
- Perls, F.S. (1980). Gestalt therapy in practice. In G. Belkin (Ed) *Contemporary psychotherapies* (pp. 303-311). Rand McNally.
- Perls, F.S., Hefferline, G., & Goodman, P. (1994). *Gestalt therapy: Excitement and growth in human personality*. Gestalt Journal Press.
- Perls, F.S. (2012). *From planned psychotherapy to Gestalt therapy: Essays and lectures - 1945 - 1965*. Gestalt Journal Press.
- Raffagnino, R. (2019). Gestalt therapy effectiveness: A systematic review of empirical evidence. *Open Journal of Social Sciences*, 7(6), 66-83.
- Reck, M. (2017). Theoretical and phenomenological considerations for gestalt therapy research. *Gestalt Journal of Australia and New Zealand*, 13(2), 17-28.
- Thomason, T. (2016). The shadow side of the great psychotherapists. *Counseling & Wellness Journal*, 5, 1-13.