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Self-Care of Gestalt Therapists

by

Rebecca Brownell, M.A.

Presented to the Faculty of the

Graduate School of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

2000

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Self-Care of Gestalt Therapists

by

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has been approved

at the

Graduate School of Clinical Psychology

George Fox University

As a Dissertation for the Psy.D. degree

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Abstract

The primary objective of this study was to assess the self-care practices of Gestalt therapists. The first part of this study included a review of the literature on therapist self-care practices. Next, a theoretical connection was developed between Gestalt therapy theory, including its theoretical foundations, and therapist self-care research. A review of the literature on Gestalt therapist self-care practices found it to be an area with limited anecdotal data and no formal research. Subsequently, methods were developed to assess the self-care practices of Gestalt therapists. In the process of developing such methods, the literature was reviewed for any quantitative measures of therapists self-care. None were found. Therefore, the researcher developed a measure for therapist self-care practices based upon both the therapist self-care research and Gestalt therapy theory. The internal consistency of the self-care practices measure was estimated based on data from a volunteer sample ($\underline{n} = 34$) of therapists from the Pacific Northwest (alpha = .81). In order to determine the validity of the therapist self-care practices measure, its results were correlated with the results of a brief rating scale, or peer rating form, a measure wherein a familiar colleague rated a therapist's self-care practices. After gathering the reliability and validity data on the self-care practices instrument, the researcher administered it to a volunteer international sample of Gestalt therapists at a conference ($\underline{n} = 21$). An open-ended questionnaire regarding Gestalt therapists' self-care practices was also given to the same sample of Gestalt therapists. Gestalt therapists reported engaging in a number of self-care activities, some as indicated by the therapist self-care practices instrument data, and additional activities listed on the open-ended questionnaire. Most Gestalt therapists (16/21) related their self-care practices either directly or indirectly to Gestalt therapy theory. These findings support the hypothesis that Gestalt therapy theory and Gestalt therapists have a unique contribution to make to the research literature on therapist self-care.

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CHAPTER 1

THERAPIST SELF-CARE: A LITERATURE REVIEW

The primary goal of this study was to assess the self-care practices of Gestalt therapists. Four major steps were undertaken in reaching this goal. The first step was a comprehensive review of the literature regarding therapist self-care practices. Secondly, a theoretical link was established between Gestalt therapy theory, including its philosophical foundations, and therapist self-care research. Next, an instrument was developed by the researcher to assess therapist self-care practices. Finally, the instrument was administered, along with an open-ended questionnaire, to a volunteer sample of Gestalt therapists. The following section begins a review of the literature on therapist self-care practices.

Negative Effects of Psychotherapeutic Practice

The realization of the potential negative effects of conducting psychotherapy has led to development of therapist self-care techniques. The stress associated with psychotherapeutic practice can lead to what have been termed "burnout," "compassion fatigue," and "vicarious traumatization." Each of these conditions can result in both personal and professional problems for therapists. Much of the research on therapist burnout has focused on describing its etiology and effects with some suggestions for prevention (Dupree & Day, 1995; Edelwich & Brodsky, 1980; Maslach, 1982; Pines, Aronson, & Kafry, 1981; Schulz, Greenley, & Brown, 1995; Yiu-kee & Tang, 1995). Some studies have focused primarily on methods for preventing burnout, including coordinating mental health workers' efforts within a team structure, creating manageable

job descriptions within agencies, implementing an intensive stress reduction program, and utilizing a staff consultation group (Mehr, Senteney, & Creadie, 1995; Siani, 1996; Tate, 1994). Given that these studies have found that burnout occurs more frequently in agency settings rather than in private practice settings, it is logical that many of the burnout interventions focus on organizational strategies. These researchers addressed the need for therapist self-care and its relationship to organizational demands or practices.

Compassion fatigue is a term synonymous with vicarious traumatization. Also commonly referred to in the litertature as "secondary traumatic stress disorder," vicarious traumatization is a condition, similar to PTSD, that therapists can develop from being exposed to traumatic details in clients' lives (Figley, 1995; Pickett, Brennan, Greenberg, Licht & Worrell, 1994). These researchers recommended that therapists use debriefing techniques and discuss feelings with supervisors, making a vital contribution to the literature on therapist self-care. Additionally, these studies validated therapists' experiences of suffering as a result of listening to traumatic stories, and provided suggestions for handling the experiences.

An abundant literature on vicarious traumatization has described the negative effects of trauma work on therapists, including developing a cynical perspective about the world, dreading the treatment of trauma clients, and fearing for the safety of themselves or their children (Carbonell & Figley, 1996; Cerney, 1995; Dyregrov & Mitchell, 1992; Friedman, 1996; Hollingsworth, 1993; Miller, 1998; Neumann & Gamble, 1995; Pearlman & MacIan, 1995). These studies provided recommendations to help therapists cope with or guard against vicarious traumatization, including discussing countertransference with supervisors, limiting trauma client caseload, and developing a realistic view of the world. Other researchers suggested therapy and debriefing (Pearlman & Saakvitne, 1995; Talbot, Manton, & Dunn, 1992). Therapists working with trauma victims are encouraged to engage in self-care activities such as: creating and maintaining a support system, separating professional and private lives, and making institutional changes

in favor of self-care (Courtois, 1988; Gusman, Abueg, & Friedman, 1991). Time-limited group treatment has also been recommended for therapists specifically working with sexually abused clients when the therapist has also been a victim of sexual abuse (Yassen, 1993). In the wake of all this literature, therapists have a number of options for dealing with vicarious traumatization, or possibly preventing it altogether. Due to the pervasive implications of vicarious traumatization, compassion fatigue, and/or burnout for therapists, it is not surprising that the research in these areas has generated discussions on prevention and therapist self-care.

Positive Effects of Psychotherapeutic Practice

Engaging in self-care strategies can enhance the therapist's enjoyment of the positive aspects of his or her profession. Some of the therapist self-care literature has been specifically devoted to the positive aspects of psychotherapeutic practice. Benefits of participation in the therapy profession included an increase in psychological-mindedness, self-awareness, and self-assurance. Furthermore, independence, financial rewards, prestige, emotional growth, and intellectual stimulation were also found to be benefits of practice (Farber, 1983; Guy, 1987). Some motivations may enhance therapist self-care and others may detract from it. Given the many possible benefits of psychotherapeutic practice, it is important for the therapist to be aware of his or her own motivation for joining the profession. Since therapist motivations can be helpful or detrimental to clients, assessing one's motivations is also important in developing as a clinician.

Techniques for Therapist Self-Care

Overall, the vicarious traumatization literature helped to raise the awareness of the importance of therapist self-care, generating some strategies for self-care. However,

combating the possibility of vicarious traumatization is only one motivation for therapist self-care. Other motivations can include the desire to enhance job and personal satisfaction, to increase meaning and fulfillment, and to help others by modeling a healthy lifestyle.

Books and articles have addressed both specific issues facing psychotherapists and comprehensive factors in becoming a competent practitioner (Guy, 1987; Henry, Sims, & Spray, 1973; Scott & Hawk, 1986). It has been demonstrated that not only the therapist, but also the client can be affected by the therapist's level of mental health or pathology (Bugental, 1963; Parloff, Waskow & Wolfe, 1978). Certain "neurotic gratifications" by therapists can have a negative effect on clients. For example, a therapist's wish to appear omnipotent can lead to client overdependence on the therapist and lack of client autonomy development. However, a mark of a healthy or mature therapist is selective participation. Using himself or herself sparingly and skillfully as a tool in interventions, the healthy/mature therapist can choose strategies in the client's best interests.

Research yielded a variety of specific strategies and outcomes of therapist self-care. One such strategy was seeking personal therapy. Personal therapy was commonly cited as one method for therapist self-care (Buckley, Karasu, & Charles, 1981; Deutsch, 1985; Fleischer & Wissler, 1985; Garfield & Kurtz, 1976; Greenberg & Staller, 1981; Guy & Liaboe, 1986). Personal therapy had a moderate to a very positive effect on both therapists' work with patients as well as in therapists' personal lives (Macaskill & Macaskill, 1992). Positive effects noted for therapists were: increased self-awareness, increased self-esteem, and reduction in reported symptoms. These effects reflected a positive outcome for the therapist and patient when the therapist had participated in personal therapy work.

Finding and engaging in leisure activities was another strategy for therapist self-care. In fact, satisfaction with leisure activities was found to be significantly correlated with decreased burnout among psychotherapists (Hoeksma, Guy, Brown, & Brady, 1993). In this study, relaxational activities appeared to be more helpful in reducing burnout

than other categories of leisure activities (i.e., psychological, aesthetic, social, and educational). The resulting outcome of engaging in satisfying leisure activities was a reduction in burnout for the therapist.

Raquepaw and Miller's (1989) review of the literature revealed additional possible therapist self-care strategies. These strategies included: seeking support from co-workers, choosing a satisfying caseload, expressing one's feelings, obtaining a social support system, taking regular vacations, engaging in physical exercise, going to a park, meditating, separating private and professional lives, and maintaining a proper diet. All of these techniques were recommended in an effort to reduce the possibility of therapist burnout and increase job satisfaction and effectiveness.

The research further suggested approaches to therapist self-care in an agency setting (Raquepaw & Miller, 1989). Namely, these approaches were to shorten work hours, allow time-outs during the work day, improve work relations between staff members, set realistic expectations and recognize clients' growth in therapy.

Psychotherapists may use a variety of coping strategies in "working with stressful clients" (Medeiros & Prochaska, 1988). According to the researchers, the first component, labeled self-reevaluation and wishful thinking, represented a critical evaluation of one's feelings coupled with a passive attitude toward problems. Other components were the use of humor, optimistic perseverance, and seeking social support. The fifth component, seeking inner peace, was defined as attempting to achieve a tranquil state by focusing on feelings and on neutral or positive thoughts. Finally, control and avoidance represented the use of denial or altering the environment.

In addition to the research on specific strategies and outcomes of therapist self-care, other studies have focused on the application of specific theoretical orientations to therapist self-care. For example, a variety of techniques and stances used within symbolic-experiential family therapy have been purported to help in guarding against therapist burnout (Boylin & Briggie, 1987). One strategy, namely the use of nonrational

experience, referred to the use of absurdity, paradox, and creativity within the therapy session. Appropriately timed use of nonrational experience can allow a therapist to enjoy the process of confronting a client on a difficult issue while increasing the odds that the client's defenses will be lowered and the intervention will be well received. This type of application of therapist self-care can clearly benefit both therapist and client. Another strategy, existentialism, referred to the search for growth and meaning. The battle for structure addressed time boundaries for sessions and therapeutic ground rules. Putting the burden for doing the work of therapy on the clients pertained to the battle for initiative. The use of two therapists allowed co-therapists to model healthy interpersonal functioning for clients. Within the Boylin and Briggie model, the use of a consultant referred to the possibility of enlisting the help of an outside therapist to act as a consultant to the therapeutic relationship. Colleague support groups were also recommended for mutual personal and professional nurturing. Developing characteristics of family health are recommended to enhance the therapist's personal family and professional life. These characteristics included the family as a team, freedom to join and individuate, simultaneous boundaries and flexibility, tolerance for playfulness and the irrational, communicative intimacy, sense of extended family, and freedom to love and hate.

In the following chapter, the reader is introduced to Gestalt therapy theory and its philosophical foundations. This study suggests that an alternate model, applying Gestalt therapy theory explicitly to therapist self-care, may contribute to the existing literature. Therefore, ten theoretical concepts are analyzed regarding relationship to the therapist self-care literature.

CHAPTER 2

GESTALT THERAPY ORIENTATION AND THERAPIST SELF-CARE

There is a lack of focused research on therapist self-care from a Gestalt theoretical perspective, as well as a lack of specific information on the self-care practices of Gestalt therapists. This study made a unique theoretical contribution to the literature by linking findings from self-care research literature to the modality of Gestalt therapy. It has been observed by this author that the self-care literature in many ways complements Gestalt therapy theory and Gestalt therapy theory's philosophical foundations. In other ways, Gestalt therapy theory and its foundations provide a context for and describe a process for therapist self-care activities. This context and process were absent in the therapist self-care literature. Thus, there are mutual contributions between Gestalt therapy theory and therapist self-care research literature. This chapter outlines aspects of Gestalt therapy theory and Gestalt therapy theory's philosophical roots that are supported by research and theoretical literature on therapist self-care. Additionally, this chapter outlines the context and process which Gestalt therapy theory provides for enhancing the understanding of therapist self-care practices.

Brief Overview of Gestalt Therapy and Its Philosophical Foundations

Gestalt therapy, and its core theoretical concepts, have some of their roots in Gestalt psychology. The early Gestalt psychologists, including Wertheimer, Koffka, and Kohler studied sensation, perception, philosophical issues, thinking, and learning (Hergenhahn, 1992). Gestalt psychology, along with existential philosophy, phenomenology, and field

theory, strongly influenced the development of Gestalt therapy. It has been suggested that three philosophical foundations stand out, distinguishing Gestalt therapy from other theoretical orientations: field theory, phenomenology, and dialogue (Resnick, 1995, in Parlett, 1995). These foundations provide a definition of the principles on which Gestalt therapy is based. Field encompasses everything that exists; "everything is part of one large whole which includes the history of the field" (Resnick, 1995, in Parlett, 1995). Phenomenology is an acknowledgment that each person constructs reality on the basis of individual sensory contact with the environment (Korb, Gorrell, & Van De Riet, 1989; Resnick, 1995, in Parlett, 1995). Finally, dialogue is essentially open, responsible, authentic communication between people (Resnick, 1995, in Parlett, 1995; Yontef & Simkin, 1989).

Fritz Perls, Laura Perls, and Paul Goodman have been cited as the three primary founders of Gestalt therapy (Clarkson & Mackewn, 1993). Since their original contributions to Gestalt therapy, the theory has become more relational, emphasizing the dialogue between people (Greenberg & Brownell, 1996). Polster and Polster (1973) further developed Perls, Hefferline, and Goodman's (1951) concept of contact in relationships, placing more emphasis on the interpersonal. Wheeler (1991) reemphasized and advanced Gestalt therapy theory's roots in Kurt Lewin's (1951) concept of field theory. Wheeler added the concept of structured ground which refers to the phenomenon that memories of past experience create the ground for present and future experience.

Gestalt Therapy Theory and Philosophy Related to Self-Care

Gestalt therapy theory provided a lens through which to view the therapist self-care literature within a major theoretical model of psychotherapy. Therapist self-care literature contributed to Gestalt therapy theory by supporting many of its theoretical aspects and foundations. Although the overlap between Gestalt therapy theory and therapist self-care

research literature is significant, there are some theoretical conflicts as well. In the therapist self-care literature, specific recommendations were made for applying certain strategies toward therapist self-care. Gestalt therapy theory allows a person to choose his or her own specific method of self-regulation. Additionally, therapist self-care practices are represented by a body of research references related by topic, whereas Gestalt therapy theory is a coherent therapeutic modality. Despite these differences, a majority of the therapist self-care literature can be understood in terms of Gestalt therapy theory and applied to Gestalt therapists within that framework. In the following sections, the relationship of a number of important Gestalt concepts to therapist self-care practices will be expounded.

Field Theory

Field theory was initially proposed by Lewin (1951) based upon a concept from physics. As heretofore mentioned, field encompasses all. However, it is necessary to concentrate on a finite section of the field in order to discuss field concepts in the specific. Therefore, Gestalt therapy theorists have indirectly acknowledged that part of the field is still considered to be the field, by using terms that refer to part of the field and choosing an adjective label to precede the word field (Crocker, 1999; MacKewn, 1997; Parlett, 1991). One of the sections of the field that has been further written about in terms of Gestalt therapy is called the unified field (Parlett, 1997). The unified field concept is a recognition of the implicit connection between an organism and the environment in which it lives. Although the context may change, there always exists a context for each organism, of which humans are one. An organism must always be considered within its context, whatever the context may be. The context is anything in the environment of the organism, including nature, other people, and animals.

Support

People need support in order to make contact with themselves or with the environment. Support can come from two sources, internal or external. In Gestalt therapy theory, internal support is called self-support and external support is called environmental support (Perls, Hefferline, & Goodman, 1951; Polster & Polster, 1973). Self-support occurs when people utilize internal resources to make contact with themselves or the environment. An example of self-support would be the therapist using theory to guide interventions in therapy. Knowledge of theory can provide a therapist with the support needed for his or her role in the therapeutic relationship. Environmental support occurs when the environment contributes in some way to meeting a person's needs. Examples of environmental support include social support and support from nature (e.g., living in an area where fruit trees grow and being able to select a fruit from one of these trees when hungry).

Therapist self-care research has indicated that therapists need what Gestalt therapy theorists would call support. In the therapist self-care literature, it has been recommended that therapists limit their trauma caseloads and choose satisfying caseloads. These are examples of therapist self-support. Enforcing session time boundaries can be viewed as both self-care and self-support. Creating time between sessions could be used as a break to relax or to ground oneself. In terms of support, more of the therapist self-care research focused on what therapists need in terms of environmental support, rather than self-support. Since much of the burnout among therapists was found to be in agency settings, it has been acknowledged that agency policies or practices could affect therapists' health. Some specific recommendations for agencies implementing environmental support for therapists include: creating a team structure, creating manageable job descriptions, shortening work hours, and allowing time-outs during the day (Mehr, Senteney, & Creadie, 1995; Pines & Kafry, 1978; Pines & Maslach, 1978; Siani, 1996; Tate, 1994).

Field Force

There is a reciprocal relationship and effect between an organism and the environment. Aspects of the field impacting one another and impacting the field as a whole are known as field forces (Lewin, 1951; Brownell, 1998). The results of field forces impacting one another are called field effects. Part of applying field concepts to therapy is being aware of the broader and narrower aspects of the field. One such application is awareness of roles and boundaries in the therapeutic relationship. Although both people are viewed as organisms in a state of growth, there is an acknowledgment of roles.

In the therapist self-care research, a field force has been found to be personal therapy for the therapist. Of the therapists studied, when those therapists sought their personal therapy, additional therapeutic gains were noted in the work of those therapists with their clients (Macaskill & Macaskill, 1992).

Dialogue

Some of the underlying concepts and specific terminology of Gestalt therapy lend themselves toward a theory of therapist self-care. The first concept is dialogue which takes place in an I-Thou relationship (Buber, 1958), involving mutual respect and valuing. The belief that all people are organisms places therapist and client on equal turf--each is in a dynamic state of growth. Valuing people equally as in the I-Thou relationship is an interpersonal application of the organismic theory. Techniques which might help a client to grow, become more aware, and more whole might do the same for therapists as well. Additionally, the practice of dialogue in the therapist's personal life may yield some satisfying social contacts, which in turn may result in social support. Since true dialogue is founded upon the awareness of the value and nature of self and other, awareness is crucial to the development of satisfying interpersonal relationships. As was mentioned earlier in this paper, social support and satisfying interpersonal relationships are some important types of therapist self-care practices. In the process of dialogue, there exists a co-created

field (Hycner & Jacobs, 1995), which is another section of the field discussed by Gestalt therapy theorists. Co-created field is also known as the intersubjective field (Stolorow, Brandchaft, & Atwood, 1987). The term co-created field is an acknowledgment that field effects occur within the dialogical relationship. Authenticity is a value of the dialogical relationship.

As previously mentioned, personal therapy for therapists yielded positive therapeutic effects for their clients. Thus, everything in the field affects everything else to a greater or lesser degree. Bergin and Garfield (1994) found that the relationship between client and therapist was one of the three strongest factors in determining a positive therapy outcome, in addition to perceived therapist competence, and patient openness versus defensiveness. Therefore, the co-created field in a dialogical relationship stands to have a high impact on therapy outcomes.

In therapist self-care literature, communicative intimacy is considered to be a mark of health. This type of intimacy is desired within the dialogical relationship. It is the Gestalt therapist's job to attempt to create an environment where true dialogue can occur which is be characterized by communicative intimacy. In terms of Gestalt therapy theory, this type of intimacy is described as genuine and unreserved communication. Of course, "unreserved" is qualified by the context of the relationship. The practice of a dialogical relationship could also be applied to the process of supervision, allowing the therapist to gain environmental support in the supervisory relationship.

Here-and-Now

The Gestalt concept of here-and-now can be applied to therapist self-care, as it provides a time reference for the components of awareness and organismic self-regulation to occur. Additionally, attention to what is happening in the moment and how it is happening is important and can most easily be attended to in the here-and-now (Perls, 1974). Regarding Gestalt therapist self-care, it is proposed that all therapist self-care

activities, even future planning for such activities, occur in the present moment. Consideration of past effective strategies of self-care is an activity which also occurs in the here-and-now. The here-and-now is part of the context for meeting self-care needs.

Awareness

Awareness of need is a necessary first step in meeting the needs of an organism. Increased awareness of need may lead to an increase in self-care practices if the environment can support or provide the necessary resources. "Full awareness is the process of being in vigilant contact with the most important events in the individual/environmental field with full sensorimotor, emotional, cognitive, and energetic support"(Yontef & Simkin, p. 333, 1989). The awareness of oneself in one's environment is just the beginning of a process called organismic self-regulation. Passons (1975) in his book entitled, Gestalt Approaches in Counseling, provided concrete exercises that helped to guide the reader toward greater awareness. Passons suggested three purposes for the exercises: to provide an introduction to some major dimensions of self-awareness, to explore and discover one's own awareness, and to selectively use some, or portions, of the experiments with clients. The exercises included attention to the following dimensions of awareness: body structure, movement, body processes, sensations, feelings, thinking, fantasy, environmental contact awareness, seeing, hearing, touching, tasting, smelling, and voice. There are some similarities between these types of awareness experiments and relaxation techniques targeting deep breathing. However, the difference between the two is in their purpose. While other experiential or behavioral techniques focus on breathing with the goal of relaxation, in Gestalt therapy theory, the awareness alone, also referred to as "simply noticing" (Carson, 1992), is the purpose of the exercise.

In the classic Gestalt reference, Gestalt Therapy: Excitement and Growth in the Human Personality (Perls, Hefferline, & Goodman, 1951) a similar technique of awareness is outlined with the assumption that as an individual becomes more aware, he or

she is better equipped to make decisions about action. Paying attention to breathing may play a role in therapist self-care by enhancing awareness of stress in the body. Passons (1975) wrote that one of the purposes of the exercises is for therapists in particular to discover and explore their own awareness. Therefore, implicit in Gestalt therapy theory is attention to the therapist's process. The therapist's process includes both physical sensations in his or her own body and the awareness (physical and cognitive) of his or her environmental context. The individual is inseparable from his or her context. Awareness of the self in context is a necessary element of therapist self-care. The awareness of self within a context is an essential element of getting needs met. The organism must be aware of a need internally and be able to scan the environment for means to gratify the need. The process of using awareness of self and environment to meet needs is related to organismic self-regulation.

Awareness may also be described in terms of a person's phenomenological field. A person's phenomenological field is a collection of observations of what exists and is derived from personal sensation and perception. Awareness of one's phenomenology leads to meaning making, an existential value which is at the root of Gestalt therapy theory. Awareness is also the first step in organismic self-regulation.

In the therapist self-care literature, self-awareness was considered to be an indicator of health and personal growth. Awareness of roles and field factors can aid a Gestalt therapist in his or her selective participation. Evaluating one's feelings has also been found to be an effective coping strategy for working with stressful clients (Macaskill & Macaskill, 1992). Gestalt therapists would try to notice or become aware of their feelings at the sensation/perception level, as one must become aware of a need before attempting to gratify it. Thus, another link between Gestalt therapy theory and the literature on therapist self-care practices.

Existentialism

Existentialism was another philosophical foundation of Gestalt therapy which has been adapted directly into Gestalt therapy theory as an existential-phenomenological field, referring "to the total organization a person has made of his/her experience" (S. Crocker, personal communication, March 22, 2000). Existentialism involves the search for answers to questions about the nature of ultimate reality and meaning. Simply stated, phenomenology is about the person's experience and existentialism is about the meaning the person makes out of that experience. The search for growth and meaning in life is also found as a strategy for therapist self-care. Creating meaning in one's work is considered to be a healthy practice.

Another contribution of this paper to the advancement of a link between Gestalt therapy theory and therapist self-care involves the Gestalt therapy theory concept of organismic self-regulation. A definition of and elaboration on organismic self-regulation will be discussed in the next section, including discussion of a proposed link between organismic self-regulation and therapist self-care practices.

Organismic Self-Regulation

Self-regulation is the process by which an organism attempts to satisfy its needs based upon its capabilities and environmental resources and thereby reach a state of equilibrium (Latner, 1986). Needs may go unmet if a deficit exists in either the organism's capabilities or in the available resources. Self-regulation may be considered a process by which a therapist may make choices regarding self-care. For example, the therapist may notice a twinge of hunger, scan the environment for possibilities for getting food, and choose an available option to take care of the need. As with all Gestalt concepts, the self-regulation process applies to all people, both clients and therapists alike. Taking care of oneself, or self-regulating, is a process that people use to govern their most basic and most complex needs, ranging from thirst to friendship.

In her article, "Truth and Foolishness in the 'Gestalt Prayer,'" Crocker (1983) contributed to the field of Gestalt therapy by clarifying and contextualizing the concept of organismic self-regulation. She contended that both past and future contexts, as well as current contexts, must be considered in organismic self-regulation. Given that humans are beings within a context, capable of both memory and projection into the future, both past and future contexts must be considered in order to do the best job of self-regulating. Although the process of self-regulation occurs in the here-and-now, various past and future concerns should be incorporated into the process. For example, in choosing delayed gratification in the moments, one creates the opportunity to reach a long-term goal, but may need to forfeit the possibility of short-term rewards in order to achieve that goal. Other needs are more immediate such as eating and eliminating waste.

Crocker (1983) further noted the importance of recognizing that people are capable of taking more than immediate desires into account in the process of self-regulation. Again using the example of the need for food, an individual may need to consult memory as to what time of day food has been needed in the past, as well as the amount of time needed in the past to prepare the food, in order to decide what time to begin making the food. Scheduling issues such as planning excursions to the grocery store well in advance of hunger pangs may be considered, in addition to budgetary concerns of eating at home versus eating out. The process of self-regulating is clearly an implicit part of self-care. In the organismic model, organisms grow on the inside as well as the outside. Like all Gestalt concepts, organismic self-regulation needs to be understood in relation to other aspects of Gestalt therapy theory. Some related concepts are awareness, dialogue, and the here-and-now.

The therapist self-care literature lists proper diet as a factor of therapist health (e.g., Raquepaw & Miller, 1989). Proper diet can be a part of organismic self-regulation. Also, recognizing a client's growth is considered to be a healthy therapist self-care practice. In the organismic model, growth is implicit: Organisms grow, and growing is both internal

and external. Sleep, diet, and breaks are examples of self-care strategies which can be applied through the process of organismic self-regulation.

The Cycle of Experience

The cycle of experience, largely developed by Zinker (1977) out of the Gestalt Institute of Cleveland, can assist in assessing how an individual goes about self-regulation. Seven steps in this experience are "ideal," namely, sensation, awareness, mobilization, action, contact, assimilation, and withdrawal (Clemmens, 1997). While the first four steps were addressed previously, the last four need further elaboration. Contact refers to the organism's contact with the environment to meet needs. Assimilation is the taking into oneself by "chewing," either literally or metaphorically, of an environmental experience from food to cognitions. Withdrawal is simply the period of rest and homeostasis that can occur after needs are satisfied. Each phase of the self-regulation process occurs on a moment-to-moment basis. The organism regulates itself in the present, or the here-and-now. Variations on the cycle of experience model exist and follow the same general pattern of the organism becoming aware and acting on its environment to meet its needs. A similar model is called the contact withdrawal cycle (Polster & Polster, 1973; Crocker, 1999). The cycle of experience is a means by which organismic self-regulation occurs. In the self-care literature, self-awareness is a sign of health and personal growth. Interestingly, in the cycle of experience, the first phase of movement toward change is awareness.

Smooth movement through the cycle of experience process is one of the descriptions of health presented within Gestalt therapy theory (MacKewn, 1997). It has been said that health is not categorizable. Instead, health is described as creative, energetic and lively (Perls, Hefferline, & Goodman, 1951). In the therapist self-care literature, tolerance for the playful and the irrational is considered a healthy value. Playfulness and irrationality can aptly be described as creative, energetic and lively. This may be

considered another similarity between Gestalt therapy theory and therapist self-care literature.

Paradoxical Theory of Change

The paradoxical theory of change is a concept unique to Gestalt therapy theory (Beisser, 1970). The paradoxical aspect is that by experiencing what one actually is, one changes. The neurotic individual invests energy in denying the self and in attempting to conform to introjects. Paradoxically, the individual may become free of the neurosis by placing full investment in the current experience of the self rather than in the hypothetical, introjected, ideal self. In becoming aware of the true self and granting oneself permission to be oneself in the here-and-now, one changes.

In the cycle of experience an individual may become aware of being thirsty. Does the person remain thirsty? Perhaps, if the environment does not provide any means of gaining fluids. However, without awareness of thirst, how would the person know to drink? Awareness is the first step to satisfaction of needs. This same model is applied to therapy. Clients may not be aware of things they are currently doing to keep themselves stuck in unhelpful patterns. Within a Gestalt therapy theory model, pathology may be defined as getting stuck in an unhelpful pattern. Unhealthy patterns may then be categorized as people tend to get stuck in similar ways. Simple awareness can help the client to evaluate whether a stuck pattern is currently helpful or unhelpful. It is then the client's decision whether or not to change the pattern.

Polarities

Boylin and Briggie (1987) viewed the ability to hold opposite viewpoints in tension as healthy. For example, they promote families' abilities to both love and hate, among other strategies of health. In Gestalt therapy theory, there is an emphasis on paradox and polarities (Clarkson & MacKewn, 1993; Korb, Gorell & Van de Riet, 1989; Latner,

1986). Polster and Polster (1973) noted the importance of experiential discovering of the other side of a polarity as a means to health/wholeness. Therefore, holding love and hate in tension fits well within the Gestalt model and is consistent with therapist self-care literature. Other polarities found useful to hold in the therapist self-care literature were: join/individuate and boundaries/flexibility (Boylin & Briggie, 1987).

Gestalt Therapist Self-Care Techniques

Beyond the theoretical underpinnings of Gestalt therapy theory and the theory itself, Gestalt practice also has a potentially significant contribution to make in the area of therapist self-care. It is this author's contention that personal application of Gestalt therapy theory, including dialogue, support, awareness, and holding polarities, is a form of therapist self-care. It is very common for Gestalt therapists to "embody" Gestalt, that is, to apply the techniques and practices of Gestalt therapy theory and Gestalt therapy to their own personal lives. This observation can be noted in the first part of the subtitle from the book called gestalt is: A collection of articles about gestalt therapy and living [sic] (Stevens, 1975). Gestalt therapy theory and practice are inherently connected, as practice refers to both clinical practice and the practice of living. As an example, in a chapter of Gestalt Therapy Primer: Introductory Readings in Gestalt Therapy, Snyder (1975), a mental health therapist at the time, included a verbatim transcript of her "experiment about using Gestalt Therapy on [herself]"(p. 97). Snyder indicated that she was feeling manipulated by another person, as if she were putty. She experimented with a dialogue between herself, and herself as the putty, to see what would happen and gain more awareness of the problem.

Schiffman (1971) explained how people can apply Gestalt concepts to themselves in terms of personal growth. This literature includs anecdotal reports of therapists self-care practices. Prior to this study, no research has been conducted specifically on the self-care practices of Gestalt therapists.

An explicit theoretical link has been made between therapist self-care research and Gestalt therapy theory. Yet, further research is needed to identify what Gestalt therapists are actually doing in terms of self-care practices and how they view the relationship between their self-care practices and Gestalt therapy theory. Due to its emphasis on theory and application, Gestalt therapy theory may be uniquely positioned to make both theoretical and applied contributions to the literature on therapist self-care. Therefore, it is the intent of this study to gather additional information on the theory and practice of Gestalt therapist self-care. The methods for gathering this data are described in the following section.

CHAPTER 3

METHODS

In psychotherapy, the therapist is her or his own instrument in the therapeutic process. Keeping that instrument in good shape, in all areas, physically, mentally and spiritually is valuable to the therapy and to the therapist. Gestalt therapy theory and practice implicitly hold to belief in organismic growth which involves self-care. Given that such beliefs are implicitly held within Gestalt therapy theory, a unique contribution to the field in the area of therapist self-care is possible.

A comprehensive review of tests in print, as well as research instruments, revealed the absence of a measure specifically designed to assess therapist self-care (Goldman, Mitchell, & Egelson, 1997; Impara, Plake, & Murphy, 1998; Maddox, 1997; National Institute of Mental Health [NIMH], 1973). Thus the creation of an instrument by which to gather data on therapist self-care is warranted. By studying Gestalt therapy theory and practice from a research standpoint, it may be possible to discover some unique ideas about therapist self-care, as well as unique self-care practices of Gestalt therapists.

The primary objective of this study was to assess the self-care practices of Gestalt therapists. The data from the initial administration of the self-care practices measure to therapists in the Pacific Northwest was used to determine the validity of the self-care instrument. The instrument was then given to Gestalt therapists to assess their self-care practices. Upon establishing a theoretical basis for the link between Gestalt therapy theory/practice and therapist self-care, an instrument was developed to assess types and levels of self-care.

This study was conducted in two phases. Phase one involved the development of a self-care practices measure, including estimation of reliability and validity. Phase two assessed the self-care practices of a sample of Gestalt therapists, using the self-care practices measure and an open-ended questionnaire on self-care practices.

Phase One

Subjects

Participants were comprised of female and male volunteer therapists in the Pacific Northwest of any theoretical orientation except for Gestalt therapy (n=34). Volunteers were solicited from the researcher's professional contacts and colleague referrals. Therapists participating in this study ranged in experience from practicum students to master's level therapists to psychologists. Given that participants were professional contacts and colleague referrals, demographic information was not solicited to further protect the confidentiality of responses. However, subjects appeared to be predominantly white with some ethnic minority representation. Age range was approximately mid-20's to mid-50's.

Procedures

Therapists were informed of the opportunity to participate in the study by written interoffice memos, by a phone call or fax from the researcher, or by their supervisors/managers. Subjects signed an informed consent form and were provided the opportunity to take an extra form to keep it for their own records. Informed consent forms were sealed in an envelope to be given to the dissertation chair in order to assure subjects' confidentiality. Each subject completed a self-care practices measure, and on a separate peer rating form, rated a familiar colleague participant on self-care practices as well. The therapists participating in phase one expressed a preference to choose the colleague they

would rate rather than to have one randomly assigned, as they would more familiar with this colleague's self-care practices.

Instruments

Therapist Self-Care Practices Measure

Given that no self-care practices measures for therapists are currently available at the time of this study, a new instrument was developed to assess therapist self-care practices. The self-care practices measure consisted of 35-items using a 5-point Likert scale to assess therapist self-care practices (Appendix A).

Five major stages were involved in the creation of this instrument. Initially, the review of current therapist self-care literature revealed a variety of ways therapists engage in self-care. Secondly, from the benefit of this, 113 items were drafted in developing a multi-dimensional measure to assess types and levels of therapist self-care. Based upon feedback from dissertation committee members and a Gestalt mental health professional, additional items were drafted to specifically address Gestalt therapy theory, including its theoretical foundations, as it was hypothesized to relate to therapist self-care practices. Unclear items were discarded, reducing the measure succinctly to 39 items. Next, expert raters used a 5-point Likert scale to indicate to what extent they agreed that a given item related to therapist self-care practices. The construct of therapist self-care practices was defined as: any activity, strategy, coping mechanism, or awareness that a therapist uses which aids the therapist in taking good care of himself or herself in any and/or all domains (e.g. spiritual, physical, psychological). Expert raters were all graduate level professors in a clinical psychology program in the Northwestern United States. Four items were eliminated based upon expert rater feedback. The expert raters used a five point Likert rating scale adapted from Gregory (1996). A replication of this rating scale is included in Appendix B.

A model of comparison was used to determine inter-rater agreement for content validity. The models of cross-tabulations used are replicated in Appendix C. Item number 4 was the only item poorly rated (rating of 2) by all three expert raters. The content of item 4 was also similarly addressed in item number 17, relating to lack of control. Items with a rating of 3 or less by all three raters were dropped.

An average rating for each item was calculated. These averages functioned as an index of content validity for each item. The list of the mean content ratings for items on the therapist self-care practices instrument are included in Appendix D. The highest rated clusters of items tapped into areas of stress reduction, finding meaning in work, environmental support, and leisure activities. The lowest rated items were: reverse-worded items (2/3 of lowest items), avoiding/denying problems as a coping mechanism, recognizing small steps of clients' growth, and having a stress reduction program at work.

The reliability of this instrument was estimated by administering it to 34 therapists from a variety of theoretical orientations, excluding Gestalt. Each therapist signed an informed consent to participate in the research study, a copy of which may be found in Appendix E. The informed consent form included information about the study, how to find out the results, and names and numbers to call with problems or questions.

Peer Rating Form--Instrument Development

To estimate validity, the researcher created a brief rating form on self-care practices, the results of which could be correlated with the results of the self-care practices instrument. Five items with face validity for the construct of therapist self-care practices were drafted. The peer rating form was a 5-item questionnaire using a 5-point Likert scale for a colleague to globally rate a subject's self-care practices (Appendix F). The design indicated that the 34 therapists served as both subjects who completed the self-care measure, as well as colleague peer raters for other therapists who completed the self-care measure.

Each therapist who completed the self-care instrument was asked to rate (on the brief rating form/peer rating form) the self-care practices of a colleague in this study whom he/she knew well. Thus, the data on each member of the group included both self-report data and peer ratings on self-care. The correlation between the self-report data and the peer ratings estimated the validity of this instrument. Overall, the researcher received 34 completed therapist self-care practices measures and 31 completed peer rating forms. Therefore, 3 subjects dropped out, resulting in 3 therapist self-care practices forms and 2 peer rating forms not being included in the calculation of the correlation coefficient (r) between the two forms. All 34 of the therapist self-care practices measures received were used in calculating the coefficient alpha for the internal consistency reliability of the therapist self-care practices measure.

Phase Two

Subjects

A volunteer sample of Gestalt therapists at an international Gestalt therapy conference in the northeastern United States were provided with an informed consent form (Appendix E) and a self-care practices questionnaire in English (Appendix A). A few of the participants indicated an affiliation with a Gestalt institute outside the United States. A total of 21 people responded to the questionnaire: 7 men, 12 women, and two did not indicate gender. Seventeen subjects indicated an age range; four left the item blank. Of those subjects indicating an age range, ages ranged from 30s to 60s. Number of years of Gestalt training ranged from 1-37 years. Ten out of 21 subjects had either four or five years of Gestalt training. Years as therapist (defined as time seeing clients, even in training) ranged from 1-38 years.

Procedures

The open-ended questionnaire regarding self-care practices was developed in order to gather qualitative data regarding Gestalt therapist self-care practices, as well as demographic data, including age range, years of Gestalt training, and any unique emphases in the participant's Gestalt training. This questionnaire was designed to assess the self-care practices of Gestalt therapists. Participants were invited to list or explain their self-care activities, indicate how involved they have been in those activities, and to explain whether or not their self-care strategies were related to their understanding of Gestalt therapy theory (Appendix M).

Three approaches were utilized to invite volunteers to participate in this study. An announcement was made at a Gestalt association members' meeting during the conference. The forms were made available at the conference registration booths. A sign was also displayed above the portion of the registration booths set aside for the questionnaire distribution and return. Additionally, the researcher personally invited people who had attended the same workshops ($n = 3$). Most research participants took copies of the consent form, the therapist self-care practices form, and the questionnaire, filled them out, and returned them to the collection box located at the registration booths. Some participants chose to mail the forms directly to the researcher after the conference ($n = 3$). Twenty of the 21 respondents signed informed consent forms. However, due to the nature of the questionnaire, returning it is ethically considered sufficient consent to participation. Therefore, results from all 21 respondents are included in the results section.

CHAPTER 4

RESULTS

Data Analysis of Self-Care Practices Instrument

A Cronbach's alpha was utilized to assess the internal consistency reliability of the Self-Care Practices instrument. The internal consistency was found to be high at .81 (Appendix G). Statistical analysis of the item-total correlations resulted in findings that some items had a low or even slightly negative correlation with the rest of the self-care practices measure. All items with an item-total correlation of <.20 were deleted from the scale, resulting in a 21-item measure (Cronbach's alpha = .84). These results may be found in Appendix H.

All items with positive item-total correlations <.20 with the original scale were grouped together. The result of an internal consistency test indicated a reliability coefficient of alpha = .40 (Appendix I). Thus, the deleted items did not appear to form a subscale. Further research, such as an item-level factor analysis, could reveal potential subscales. Additionally, future studies could analyze item wording and hypothesize theoretical links between these items.

Three possible subscales were postulated based upon the instrument's original design. The first subscale may be called the "agency demands subscale" (Appendix J) since the items on that subscale all pertained to agency practices that could either help or inhibit therapist self-care practices. Eleven items are on this subscale (Cronbach's alpha = .83).

The second possible subscale may be called the "environmental support subscale" (Appendix K). These items encompassed all of the items on the first subscale, as well as 2 additional items regarding social support. Thirteen items are on this subscale (Cronbach's alpha = .82).

A third postulated subscale was a "self-support subscale" (Appendix L). Items on this subscale are those activities in which a therapist may engage for self-care which are relatively independent of any environmental constraints. Nine items are on this subscale (Cronbach's alpha = .63), having a marginal level of reliability but perhaps useful in preliminary research (Gale Roid, personal communication, April 18, 2000). Each therapist ranked a familiar colleague on a peer rating form which addressed the colleague's self-care practices. A Pearson product-moment correlation was calculated between the Self-Care Practices instrument and the Peer rating form in order to estimate the validity of the Self-Care Practices Instrument. The correlation was not significant at $p<.05$, $r = -.097$, $n = 31$, $p = .303$.

Data Analysis: Responses on Open-Ended Self-Care Practices Questionnaire

The open-ended questionnaire for phase two consisted of a 9-item form requesting demographic information, theoretical viewpoints, and self-care practices (Appendix M). The data from this questionnaire on self-care practices was analyzed qualitatively for themes and for common self-care practices. Some of the respondents listed quite a number of types of self-care activities. Other respondents listed a small number of self-care activities. These self-care activities were organized into general categories. All responses were tallied to determine which activities, or categories of activities, were most common. Twelve categories were identified: social/professional support, bodily needs, exercise/physical activity, artistic/creative pursuits, spiritual/focused mental activity, nature activities, stress reduction, quiet time, recreation, hobbies, and adjust workload. Tables

including the tallies per category and tallies per self-care activity can be found in Appendix N.

Gestalt Therapist Self-Care Activities

Thirteen out of 21 respondents indicated that their self-care strategies were related to their understanding of Gestalt therapy theory. Three noted that their self-care strategies were not related to Gestalt therapy theory. Two respondents indicated that their self-care strategies were indirectly related to theory, while one noted that the strategies were reinforced by the theory. Two other respondents did not provide a clear response.

One theme related to the necessity of having support, either self-support or outside support. In terms of environmental support, respondents indicated that they seek both social and professional support. It was acknowledged that one needs support in order to provide support. Similarly, another subject noted that one must be strong in order to be available to help others.

Support was also related to another theoretical concept, organismic self-regulation, demonstrative of the fact that all Gestalt therapy theory terms and philosophical foundations are closely interrelated. Support is necessary for organismic self-regulation to occur. Meditation was specifically listed as a practical way to enhance organismic self-regulation. Also, valuing oneself as needing to be healthy to heal was another form of self-care tied to this theoretical concept, as organisms naturally heal themselves when possessing adequate immune system capabilities. Another subject indicated the need to balance self-care with other-care and be able to address the conflict/boundary between the two, relating to self-regulation. Another subject described ego-function by indicating that she asks what she wants in a given situation as part of self-care.

A third theme of theoretical application to self-care practices pertained to the body. Awareness of body process and taking care of the body, as well as acknowledging the mind-body relationship, were clear ways theory and practice were linked. Yoga and

exercise were noted as helping the body to adjust more easily and respond fluidly and spontaneously. Focus on the self was another type of awareness; awareness could allow a person to adjust to receive outside support.

A fourth theme of theoretical interest was the dialogical relationship. One respondent indicated that part of self-care was having places to express one's feelings. Though related to the broader concept of environmental support, the dialogical relationship is the specific context in which feelings expression occurs. Experiencing a sense of connectedness was also descriptive of the dialogical relationship. Varied contacts with different people was viewed as yielding growth.

Self-care was also related to the Gestalt therapy theory in terms of the cycle of experience. One subject wrote that self-care was paying attention to the second half of the cycle of experience (withdrawal, assimilation, fertile void).

Other areas of theoretical interest were mentioned by no more than one subject each. One of these concepts was holism, including caring for all parts of the self. Another was relating feeling connected to a wider sense of being in the universe to field theory. One therapist addressed the application of theory to practice, indicating that Gestalt living needs to be a way of life--to be practiced.

The frequency that people reported engaging in these self-care activities varied by activity and individual from most of every day to annually. Some responses were vague. Others were specific, such as 3-4 times per week. Due to the wide variation and vagueness of responses regarding frequency, no themes were apparent.

Social and Professional Support

Gestalt therapists indicated that they engage in a number of self-care activities in the domain of environmental support, namely activities involving social and professional support. The types of activities follow. A few subjects indicated that they spend quality time with family and/or friends. Some indicated that they access group, individual, or peer supervision for support. Others process with trusted colleagues. Some subjects found

trainings or workshops to be a means of support. Other activities in this category, listed by no more than one person, included: use of personal therapy, participating in team building weekends, utilizing a support group, socializing with friends, seeking hugs from friends, making love, giving of one's spirit to others, and surrounding oneself with loving, caring people of like mind who are nice and emotionally healthy.

Bodily Needs

In this category of self-care practices, a majority of the responses dealt with diet or sleep. Respondents indicated that they plan or adjust their diet, eat healthily, practice vegetarianism, and rest, sleep, or nap. Other responses were: drinking lots of water, taking a nutritional supplement, visiting a chiropractor, or getting energy work done on oneself.

Exercise/Physical Activity

In this area, five respondents listed exercise as a form of self-care. Eight other responses involved the following specific types of exercise: swimming, tennis, and walking. Other activities endorsed were: bicycling, jogging, racewalking, strength training, working out, and aikido.

Artistic/Creative Pursuits

In this domain, a few subjects indicated that they watch television, go to movies, or go to the theater. A few more subjects listed that they sing or listen to music as self-care activities. Still others create art or poetry or write in a journal.

Spiritual/Focused Mental Activity

In this category, several subjects indicated that they engage in some form of meditation. Others do yoga, pray, or engage in other forms of spiritual activity. One individual indicated that attending religious meetings was an important method of self-care.

Nature Activities

A few subjects indicated that they like to garden or just be in nature. Activities listed by no more than one person were: time-out at the beach or mountains, hugging a tree, watching the snowfall, experiencing a thunderstorm, and spending time with animals.

Stress Reduction

In the area of stress reduction, a few subjects indicated that they get acupuncture and/ or massage for self-care. Activities listed by no more than one person were: using a hot tub and laughing.

Quiet Time

A few subjects indicated that they "veg out," "zone out," or just do nothing. Activities listed by no more than one person were: taking quiet time away from people and responsibilities, sitting on the porch or sitting in silence, taking a silent retreat, and watching the cows graze.

Recreation

In the area of recreation, a few subjects indicated that they travel. Two other subject listed the topic of "recreation" and shopping as a self-care activities, respectively.

Hobbies

Two respondents indicated that they read for self-care. The three other activities in this category were listed by no more than one subject each. One such activity was just engaging in hobbies. Other activities mentioned were flying a kite and playing computer solitaire.

Adjust Workload

All responses in this category were also listed by no more than one subject each. Practices were: giving up full-time work, setting boundaries on time/scheduling, and limiting the number of clients seen before a break.

Data Analysis: Responses on Self-Care Practices Measure

The self-care practices measure, a 35-item questionnaire using a 5-point Likert scale to assess therapist self-care practices, was also utilized for phase two. Given the particular definition of numerical values on the Likert scale, only responses of 4 or 5 were indicative of a subject reporting a self-care practice. Ratings of 1 or 2 were strongly disagree and disagree, respectively. Ratings of 3 indicated neither agree nor disagree. Ratings of 4 or 5 represented agree and strongly agree, respectively. The number of subjects rating any given item as a four or a five ranged from 2-21 subjects out of 21 subjects, meaning that at least two therapists indicated that they engage in any given self-care practice from the instrument on self-care. See Appendix O for a table on the number and percentage of therapists rating items as four or five. Fifteen of the thirty-five items were endorsed at the four or five level by 75% or more of Gestalt therapists in the sample ($n = 21$). See Appendix P for a listing of those items. Three of those items dealt with self-support, five with environmental support, and the other seven were deleted from the original scale and need further study due to low intrascale correlation with other items.

To test the assumption that Gestalt therapists utilized self-care practices that were in line with Gestalt therapy theory, a substudy was conducted. Out of the self-care practices items, 6 items were found to have content related to Gestalt therapy and were mentioned in the open-ended responses related to Gestalt therapy theory. An experimental subscale consisting of those 6 items shown in Appendix Q were used to form a Gestalt practices subscale which was found to have a reliability of alpha = .61 which is marginal but adequate for a preliminary study (Gale Roid, personal communication, April 18, 2000). A total score on the subscale was obtained by adding one point if a therapist marked agree or strongly agree on the item, ranging from zero (none of the items endorsed in the direction of agreement) to six (all of the items endorsed in the direction of agreement). Total scores were calculated for both phase one subjects (non-Gestalt therapists) and phase two subjects

(Gestalt therapists). Results indicated scores for Gestalt therapists had a mean = 4.7, median = 5, and mode = 6. The non-Gestalt therapists group had a mean = 4.1, median = 4.0, and mode = 4.0. Closer inspection demonstrated that only 42% of Gestalt therapists agreed that they practiced 4 or less of the six items, whereas 61% of non-Gestalt therapists endorsed 4 or less. Therefore, the 6-item experimental subscale was moderately effective in discriminating between the two therapist groups. This finding provides evidence that Gestalt therapists' self-care practices tended to be linked to their theoretical orientation.

CHAPTER 5
DISCUSSION

This study assessed the self-care practices of Gestalt therapists, utilizing a self-care practices measure and an open-ended questionnaire on self-care practices. Overall, results indicated that Gestalt therapists do offer a unique perspective on and application of self-care practices. The data confirmed the researcher's hypothesis that Gestalt therapists relate Gestalt therapy theory to their own self-care practices. Sixteen out of 21 Gestalt therapists linked their theory to self-care practices. In addition, most reported personal self-care practices consistent with that theory. Moreover, one therapist specifically noted that Gestalt living needs to be a way of life--to be practiced.

Tendency to Apply Gestalt Therapy Concepts

Research findings supported the theoretical link between Gestalt therapy theory and therapist self-care practices. Given that theory and practice are closely related for Gestalt therapists, it is appropriate to discuss the two conjunctively. Therefore, in the following section which is organized by theoretical terms, the self-care practices of Gestalt therapists are outlined. Many of the theoretical terms previously discussed will be revisited, and two terms suggested by subjects will be added.

Field Theory

Field theory addresses context. Everything in existence is part of one huge field. For one subject, feeling connected to a wider sense of being in the universe was related to

field theory. It is a common human experience to have such a feeling out in nature. In fact, experiencing nature was one of the self-care activities listed by Gestalt therapists.

Support

Using internal or external resources is necessary for contact to occur. Gestalt therapists acknowledged this necessity in their theory, indicating that support is necessary for an organism to self-regulate. Additionally, it was noted by participants that one needs support in order to provide support. Stated another way, one must be strong in order to be available to help others. Indeed, many of the Gestalt therapists surveyed ($n = 15$) indicated that they seek social and/or professional support.

Dialogue

The contact that occurs in a relationship of mutual valuing and understanding is known as dialogue. Although not specifically mentioned, the dialogical relationship was discussed as varied contacts with different people, yielding growth. In the dialogical relationship, individuals are necessarily impacted by one another. Self-care practices reflective of the dialogical relationship included having places to express one's feelings and experiencing a sense of connectedness. True to form, Gestalt therapists emphasized the quality of time they spent with family and friends and the importance of trust and support in relationships.

Awareness

Awareness has been defined as "simply noticing" (Carson, 1992). In an application to Gestalt therapy theory, one Gestalt therapist noted that awareness could allow a person to adjust to receive outside support. Other theoretical applications of awareness were focusing on the self and noticing body process/ taking care of the body. Quite a number of Gestalt therapists indicated participation in some type of exercise or physical

activity, thus caring for the body. Additionally, Gestalt therapists endorsed items on the Gestalt therapy theory subscale related to awareness: paying attention to/regulating breathing and being aware of fantasy life.

Organismic Self-Regulation

The process by which an organism attempts to satisfy its needs is known as organismic self-regulation (Latner, 1986). Meditation was suggested as a way to enhance organismic self-regulation. Also, valuing oneself as needing to be healthy to heal was another form of self-care tied to organismic theory. Indeed, Gestalt therapists emphasized certain practices of organismic self-regulation including: adjusting diet, drinking lots of water, and engaging in spiritual or focused mental activities. They also endorsed items on the Gestalt therapy theory subscale related to organismic self-regulation: eating regular/healthy meals and exercising regularly. In line with theory on organismic self-regulation, one Gestalt therapist noted the importance of attempting to balance self-care and other-care.

Cycle of Experience

The cycle of experience is the process by which an organism prepares for contact, makes contact to satisfy needs, and withdraws upon need gratification in order to assimilate the experience. Self-care was further related to Gestalt therapy theory in terms of the cycle of experience. One subject indicated that self-care was paying attention to the second half of the cycle of experience (withdrawal, assimilation, fertile void). In fact, subjects noted a number of self-care practices in the category of withdrawing, including: "zoning out," taking quiet time away from people, and sitting in silence.

Holism

Holism was an additional theoretical term, not previously postulated by the researcher, to be related to therapist self-care practices. The German word Gestalt actually means whole, reminiscent of the common saying, "the whole is greater than the sum of the parts." Holism was applied to self-care by including caring for all parts of the self. One subject acknowledged the mind-body relationship. In caring for all parts of the self, yoga and exercise were noted as helping the body to adjust more easily and respond fluidly and spontaneously. Indeed, Gestalt therapists listed a wide variety of self-care activities involving different aspects of the self, ranging from spiritual pursuits, to bodily needs to social contacts. They also endorsed items involving holism on the Gestalt therapy theory subscale: regular exercise, stretching/relaxation exercises, and eating regular/healthy meals.

Ego Function

Another theoretical term arising from the results is ego function. Ego function is part of Gestalt therapy theory's contribution to personality theory. In contrast to the psychoanalytic view of ego as a structure, Gestalt therapy theory describes ego as a process or function. The ego function determines whether or not an experience is consistent with personality at a given moment. Given that Gestalt therapy theory posits that personality is formed at the contact boundary, personality is seen as dynamic rather than static. Thus, an experience may be inconsistent with personality at one time and consistent at a later time. One Gestalt therapist subject described ego-function by indicating that she engages in self-care by asking what she wants in a given situation (e.g., Is this experience "for me or not for me?"). This choice is made through the personality component of ego function. Ego function is one of the personality functions utilized in organismic self-regulation. Thus, another application of ego function to self-care practices was in balancing self-care and

other care. At any given moment, one or the other may need to take precedence. The process of maintaining that balance can be done through ego function.

Self-Care Practices Measure

Gestalt Therapy Theory Subscale

In this study, a self-care practices measure was developed to determine any self-care practices unique to Gestalt therapists. Overall, the therapist self-care practices measure was found to measure a single construct, self-care practices. Analysis of subgroups of items indicated the strong likelihood that self-care practices can be further subdivided as well into subtypes of self-care practices. Results indicated that Gestalt therapists tended to score higher than non-Gestalt therapists on the experimental Gestalt therapy theory subscale, indicating that Gestalt therapists' self-care practices are in harmony with their theoretical orientation.

Theoretical content involved: holism, organismic self-regulation, awareness, and support. Based upon the comparison of the two groups, Gestalt therapists were likely to endorse more of the items on the subscale. Overall, Gestalt therapists reported engaging in more of the following activities relative to non-Gestalt therapists: regular exercise, attention to/regulation of breathing, stretching/relaxation exercises, awareness of fantasy life, eating regular/healthy meals, and seeking support. In order to enhance understanding of Gestalt therapist self-care practices, future studies could attempt to draft additional items related to other theoretical concepts in the data from Gestalt therapists.

Future Gestalt Therapist Contributions

Three of the theoretical terms postulated to be linked to therapist self-care were not listed by any of the Gestalt therapists in this study: here and now, existentialism, and

paradoxical theory of change. One way Gestalt therapists may contribute to theoretical understanding of therapist self-care practices would be to explore and articulate their application of those concepts to their own self-care practices. Gestalt therapists may also wish to add other additional terms, relating the terms to their self-care practices.

Although Gestalt therapists indicated the need for environmental support as part of self-care, their practical responses were limited to the area of social and professional support. Future theoretical and practical contributions may address the role of environmental factors in self-care more thoroughly. As a caveat, an important note was made by one Gestalt therapist in this study that meticulous application of practices or strategies is contrary to Gestalt therapy theory, rather the emphasis is on flowing from one figure to the next. Thus, future contributions may be to enhance understanding of health by choosing language to reflect the concept of self-care practices in a way that is more consistent with Gestalt therapy theory.

Clinical Application

For clinical purposes, the therapist self-care practices instrument could be used in two major ways--at the organizational level and at the individual level. In terms of organizational evaluations, therapists working in agency settings could take the instrument to determine to what extent the agency is promoting or inhibiting health and self-care of therapists in the organization. Another way to promote and model health is by utilizing the data from questionnaire outcomes. Specifically, it may be possible to provide an agency with feedback and propose change. At other times, the environment or agency may be resistant to change. In that case, the therapist could decide whether additional self-support, or environmental support outside the agency, may be beneficial to continue working there.

In terms of case evaluations, employee assistance programs could use the instrument in a variety of ways. One method is to evaluate therapists' self-care practices in

terms of self-support. Another way is to evaluate the effect of the agency's environment on the individual therapist, thereby allowing the therapist to decide what to do about improving environmental support and preventing burnout.

Recommendations for Research

In order for the therapist self-care practices measure to be regarded as a useful quantitative assessment tool, its involvement in further research projects would be required. A meaningful scoring system would need to be developed as well as methods for interpreting the scores. Thus, the Likert scale should be changed to a frequency format to assist in scoring: 1=Rarely or Never, 2=Only Occasionally, 3=Moderately Often, 4=Very Frequently, 5=Nearly Always or Always. It would be helpful to also create a brief instructional guide for subjects, or for examiners to read to subjects, to clarify procedures and response meanings.

Given that a mere sum of ratings on the self-care practices instrument is not necessarily an accurate reflection of the level of a therapist's self-care, correlating the sum of ratings on the self-care instrument with another instrument would lead to probable inaccuracies as well. Therefore, the low yet significant correlation between the therapist self-care practices instrument and the peer rating form may be misleading. A medium to high score on the self-care instrument in some cases meant the therapist engaged in a large number of self-care practices. In other cases, it meant that the therapist was highly engaged in a small number of self-care practices. Thus the low correlation between the two instruments could be representative of a small but significant number of subjects who reported in engaging in a large number of self-care practices. Other subjects who were highly engaged in a small number of self-care practices would not necessarily be reflected in this correlation statistic.

Further study would be beneficial to assess how much self-care is enough. Some ways of measuring self-care practices include: number of self-care activities, the extent to which the individual engages in self-care activities, and the type of self-care activities (self-support, environmental support). In contrast to the preceding possibilities of measurement, Gestalt therapy theory would place emphasis on the fluidity of movement from awareness of needs to assimilation of needs satisfaction. Thus, the number or type of self-care activities would be irrelevant; the efficacy of the process of self-care to satisfy needs would instead be the focus. Therefore, future study of self-care from a Gestalt therapy theory orientation may involve tracking self-care practices by efficacy of flow through the cycle of experience.

Conclusions

The primary purpose of this study was to discover the self-care practices of Gestalt therapists. It was hypothesized that Gestalt therapists would relate their theoretical orientation to the area of self-care and application of self-care strategies. Indeed, the hypothesis was confirmed: 16 of 21 respondents related their theory directly or indirectly to their self-care practices or found that the theory reinforced their self-care practices.

Overall, the therapist self-care practices measure was found to be clinically useful in assessing the self-care practices of Gestalt therapists. Additionally, the Gestalt theoretical contributions from this study served to enrich the connection between Gestalt therapy theory and therapist self-care research. Gestalt therapists were found to link their theory and practice, as well as to report self-care practices in line with their theory. In the future, Gestalt therapists' contributions regarding specific self-care practices may be evaluated for their use as content items on future versions of the therapist self-care practices measure.

The unique contribution of Gestalt therapy theory to self-care was found on the Gestalt theoretical subscale to be in Gestalt therapists' application of theoretical concepts to

their self-care practices, namely: holism, support, organismic self-regulation, and awareness. Gestalt therapists considered the role of field factors in self-care and indicated that they seek environmental support through relationships. They focused on awareness and took particular note of processes. Awareness of body process was a unique contribution of Gestalt therapists. Keen observation of process and description of that process were emphasized. Thus, true to its roots in sensation and perception, attention to Gestalt therapy theory's experiential component provided a path to greater understanding of therapist self-care practices.

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Appendix A

Self-Care Practices Instrument

Self-Care Practices

Please rate the extent to which you agree or disagree with the following statements.

SD= Strongly Disagree
D=Disagree
N=Neither disagree nor agree
A=Agree
SA=Strongly Agree

	SD	D	N	A	SA
1) I discuss my feelings, motivations, and/or countertransference with colleagues	1	2	3	4	5
2) I exercise regularly.	1	2	3	4	5
3) I engage in meditation.	1	2	3	4	5
4) My family is supportive (e.g. meets belonging/intimacy needs)	1	2	3	4	5
5) I have too much to do during my workday.	1	2	3	4	5
6) I take regular vacations.	1	2	3	4	5
7) I pay attention to and/or regulate my breathing.	1	2	3	4	5
8) I engage in stretching or relaxation exercises.	1	2	3	4	5
9) My schedule is so busy that I sometimes can't take breaks.	1	2	3	4	5
10) I allow myself to use creativity, humor and playfulness in therapy	1	2	3	4	5
11) I am aware of my fantasy life	1	2	3	4	5
12) I allow my clients to be responsible for their own lives.	1	2	3	4	5
13) I wish I had more time to spend with friends.	1	2	3	4	5
14) I eat regular, healthy meals.	1	2	3	4	5
15) I try to control or alter the environment when it is in my power to do so.	1	2	3	4	5
16) I seek support when needed (i.e. my friends, co-workers, therapist).	1	2	3	4	5
17) Where I work, recognition and rewards are based on more time spent at work.	1	2	3	4	5
18) I engage in spiritual activities.	1	2	3	4	5
19) I notice the physical signs of stress and try to respond to care for myself.	1	2	3	4	5
20) I accept my own limitations and realize I will not be able to help everyone.	1	2	3	4	5
21) I choose relaxing leisure activities.	1	2	3	4	5
22) I don't have enough time between sessions to regroup and collect my thoughts.	1	2	3	4	5

		SD	D	N	A	SA
23)	I get a minimum of eight hours of sleep each night.	1	2	3	4	5
24)	I often find myself focusing on the negatives.	1	2	3	4	5
25)	I limit the number of difficult clients (e.g. personality, crisis, trauma) I see in one day.	1	2	3	4	5
26)	My weekends are often spent at trainings or other professional activities.	1	2	3	4	5
27)	I enforce time boundaries for sessions, while allowing for some flexibility.	1	2	3	4	5
28)	I seek to improve work relationships with other staff.	1	2	3	4	5
29)	I often reflect on the joys and meaning in my work.	1	2	3	4	5
30)	I notice when I first start to get tired.	1	2	3	4	5
31)	There are other things I would like to do for fun, but I am too busy with work.	1	2	3	4	5
32)	It is difficult for me to get my own needs met at work due to institutional demands.	1	2	3	4	5
33)	I take sufficient time off from work to relax and rejuvenate	1	2	3	4	5
34)	My caseload is manageable.	1	2	3	4	5
35)	Sometimes I am so focused on workplace expectations that I feel I can't think for myself	1	2	3	4	5

Appendix B

Expert Raters Form

EXPERT RATERS

Construct: THERAPIST SELF-CARE PRACTICES

Definition: Any activity, strategy, coping mechanism, or awareness that a therapist uses which aids the therapist in taking good care of himself or herself in any and/or all domains (e.g. spiritual, physical, psychological)

Task: Please rate the extent to which each of the following items addresses the previously defined construct of therapist self-care practices. If you believe that a particular item is very representative of the construct, choose "Strongly Agree." If you believe that an item is not very representative of the construct, choose "Strongly Disagree." Please use the Likert scale to indicate to what degree you either agree and/or disagree with an item's representativeness of the construct.

Self-Care Practices

Please rate the extent to which you agree or disagree with the following statements.

SD= Strongly Disagree
D=Disagree
N=Neither disagree nor agree
A=Agree
SA=Strongly Agree

		SD	D	N	A	SA
1)	I discuss my feelings, motivations, and/or countertransference with colleagues	1	2	3	4	5
2)	I exercise regularly.	1	2	3	4	5
3)	I engage in meditation.	1	2	3	4	5
4)	My family is supportive (e.g. meets belonging/intimacy needs)	1	2	3	4	5
5)	I have too much to do during my workday.	1	2	3	4	5
6)	I take regular vacations.	1	2	3	4	5
7)	I pay attention to and/or regulate my breathing.	1	2	3	4	5
8)	I engage in stretching or relaxation exercises.	1	2	3	4	5
9)	My schedule is so busy that I sometimes can't take breaks.	1	2	3	4	5
10)	I allow myself to use creativity, humor and playfulness in therapy	1	2	3	4	5
11)	I am aware of my fantasy life	1	2	3	4	5
12)	I allow my clients to be responsible for their own lives.	1	2	3	4	5
13)	I wish I had more time to spend with friends.	1	2	3	4	5
14)	I eat regular, healthy meals.	1	2	3	4	5

15)	I try to control or alter the environment when it is in my power to do so.	1	2	3	4	5
16)	I seek support when needed (i.e. my friends, co-workers, therapist).	1	2	3	4	5
17)	Where I work, recognition and rewards are based on more time spent at work.	1	2	3	4	5
18)	I engage in spiritual activities.	1	2	3	4	5
19)	I notice the physical signs of stress and try to respond to care for myself.	1	2	3	4	5
20)	I accept my own limitations and realize I will not be able to help everyone.	1	2	3	4	5
21)	I choose relaxing leisure activities.	1	2	3	4	5
22)	I don't have enough time between sessions to regroup and collect my thoughts.	1	2	3	4	5
23)	I get a minimum of eight hours of sleep each night.	1	2	3	4	5
24)	I often find myself focusing on the negatives.	1	2	3	4	5
25)	I limit the number of difficult clients (e.g. personality, crisis, trauma) I see in one day.	1	2	3	4	5
26)	My weekends are often spent at trainings or other professional activities.	1	2	3	4	5
27)	I enforce time boundaries for sessions, while allowing for some flexibility.	1	2	3	4	5
28)	I seek to improve work relationships with other staff.	1	2	3	4	5
29)	I often reflect on the joys and meaning in my work.	1	2	3	4	5
30)	I notice when I first start to get tired.	1	2	3	4	5
31)	There are other things I would like to do for fun, but I am too busy with work.	1	2	3	4	5
32)	It is difficult for me to get my own needs met at work due to institutional demands.	1	2	3	4	5
33)	I take sufficient time off from work to relax and rejuvenate	1	2	3	4	5
34)	My caseload is manageable.	1	2	3	4	5
35)	Sometimes I am so focused on workplace expectations that I feel I can't think for myself	1	2	3	4	5

Appendix C

Cross-Tabulations of Expert Ratings

Cross-Tabulations--Experts A and C

		Expert A 1-2	Expert A 3	Expert A 4-5
Expert C	1-2	4	13	6, 10, 19, 24, 26, 28, 35, 36, 39
	3		33, 34	2, 5, 15
	4-5		12, 27, 30	1, 3, 5, 7, 8, 9, 11, 14, 16, 17, 18, 20, 21, 22, 23, 29, 31, 32, 37, 38

Cross-Tabulations--Experts B and C

		Expert B 1-2	Expert B 3	Expert B 4-5
Expert C	1-2 (24)~	4, 10, 26	6, 13, 23	19, 35, 36, 39
	3 (27)~	15, 25, 33, 34		2
	4-5	1		3, 5, 7, 8, 9, 11, 12, 14, 16, 17, 18, 20, 21, 22, 23, 29, 30, 31, 32, 37, 38

~ indicates that Expert B did not rate those items

Cross-Tabulation--Experts A and B

		Expert A 1-2	Expert A 3 (27)~	Expert A 4-5 (24)~
Expert B	1-2	4	33, 34	1, 10, 15, 25, 26, 39
	3		13	6, 28
	4-5		12, 30	2, 3, 5, 7, 8, 9, 11, 14, 16, 17, 18, 19, 20, 21, 22, 23, 29, 31, 32, 35, 36, 37, 38

~ indicates that Expert B did not rate those items

Appendix D

Expert Ratings

The following are the mean content ratings for items on the self-care practices measure. The * indicates reverse wording on these items; response ratings were scale corrected for analysis.

Average Score Per Item

Item	Score	Item	Score	Item	Score
1.	4	14.	4	27.	4
2.	3.6	15.	2.6*	28.	2.6*
3.	4	16.	4.3	29.	4
4.	2	17.	4.6	30.	3.6
5.	5	18.	5	31.	4.6
6.	2.6*	19.	3.6*	32.	4
7.	5	20.	4.3	33.	2.3*
8.	4.6	21.	4.6	34.	2.3
9.	4.6	22.	4.3	35.	3.3*
10.	2.6*	23.	5	36.	3.3*
11.	4.3	24.	3*	37.	4.6
12.	4.3	25.	3	38.	4.3
13.	2.6	26.	3*	39.	2.3*

Appendix E

Informed Consent Form

Informed Consent Form

Background Information

The purpose of this research is to validate an instrument for measuring therapist self-care practices, and to use the instrument to gather data on therapist self-care. If you choose to participate in the validation phase, you will be asked to fill out an instrument on your self-care practices and also to briefly rate a familiar colleague/participant in the study. If you choose to participate in the data gathering phase, you will be asked to fill out an instrument on your own self-care practices, along with some demographic information. Signing this informed consent form will be considered assent to either of the above. Please fill out the self-care practices measure, and, if applicable, the short peer-rating form.

This total procedure is estimated to take approximately 10 minutes. Great care will be taken to provide as much confidentiality as possible. Each self-care measure will have a number assigned to it. Colleague rating forms will have a corresponding number on them. Prior to returning the colleague form, each participant is requested to remove the yellow post-it containing his/her colleague's name. Raw data from this study will be kept in a locked file with access limited to this researcher, and Drs. Dell'Oliver, Roid, and Breshgold.

Results will be made available to anyone who is interested, in the form of a dissertation paper. An informal presentation time will also be scheduled to present results. If you have any questions or concerns about your participation in this research, you may contact this researcher (Rebecca Brownell) via e-mail: brownell@europa.com or at my home phone (503)335-3867, or Dr. Carol Dell'Oliver via e-mail: cdelloliver@georgefox.edu or at (503) 538-8383.

Consent

I have read the description of this research regarding therapist self-care practices and have voluntarily chosen to participate. I understand that my answers are to be received and maintained in confidence and used for research purposes only. I also understand that if I wish to discontinue participation at any time prior to the completion of the forms, I may do so without penalty. I have also received a signed copy of this consent form.

______________________________ ______________

Signature of Participant Date

Appendix F

Peer Rating Form

Peer Rating Form

1. My colleague utilizes personal therapy or social support for personal issues.
2. He/she takes care of his/her body physically.
3. My colleague's spiritual practices help give him/her a sense of balance.
4. My colleague participates in leisure activities.
5. My colleague uses a variety of professional and personal self-care strategies.

Appendix G

Reliability Analysis of Self-Care Practices Measure--1

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP1	119.8734	136.6902	.0742	.8077
SCP2	120.3146	130.2328	.2995	.8002
SCP6	120.2558	127.1452	.4325	.7945
SCP8	120.4323	130.9210	.3100	.7997
SCP10	119.6970	134.2668	.2995	.8008
SCP12	119.8440	134.3666	.2393	.8021
SCP15	120.2852	138.4668	-.0032	.8089
SCP16	119.7852	135.2496	.2825	.8016
SCP18	119.7852	137.5067	.0428	.8081
SCP19	119.7852	139.4406	-.0710	.8076
SCP20	119.8146	135.6079	.1221	.8062
SCP21	119.8440	128.3042	.5457	.7923
SCP23	120.9911	126.4330	.4132	.7951
SCP25	120.7852	139.0457	-.0479	.8137
SCP27	119.9323	137.1078	.0785	.8066
SCP28	119.9029	136.1671	.1724	.8039
SCP29	120.1087	136.0462	.1349	.8051
SCP30	120.5793	133.7897	.1922	.8041
SCP33	120.5499	123.1417	.6129	.7866
SCP34	120.4617	127.2162	.4201	.7949
RSCP9	121.5793	130.2636	.3180	.7994
RSCP17	120.8440	124.8203	.5284	.7902
RSCP22	121.2264	127.4748	.3965	.7959
RSCP24	120.7558	128.9795	.4217	.7955
RSCP26	119.8734	130.8261	.3548	.7982
RSCP32	120.9323	121.4972	.6417	.7845
RSCP35	120.4617	126.6101	.4454	.7938
SCP3_1	120.8708	130.7664	.2732	.8014
SCP4_1	119.7193	134.7017	.1583	.8051
SCP7_1	120.2647	136.6059	.0993	.8062
SCP11_1	119.8102	133.2859	.2788	.8009
SCP14_1	120.2647	133.6170	.1958	.8040
RSCP5_1	122.0526	131.7982	.3387	.7989
RSCP13_1	121.5980	134.8493	.1531	.8053
RSCP31_1	121.4162	122.1040	.5758	.7871

Reliability Coefficients

N of Cases =   34.0   N of Items = 35

Alpha =   .8050

Appendix H

Reliability Analysis of Self-Care Practices Measure--2

The following are the results of the reliability analysis of the self-care practices measure after items with <.20 initial item-total correlations were deleted.

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP2	67.5499	98.0421	.2558	.8419
SCP6	67.4911	95.2034	.3966	.8354
SCP8	67.6676	98.0249	.2952	.8395
SCP10	66.9323	100.8641	.2867	.8392
SCP12	67.0793	100.7108	.2438	.8405
SCP16	67.0205	102.3679	.2059	.8412
SCP21	67.0793	95.2765	.5631	.8297
SCP23	68.2264	94.2558	.3941	.8359
SCP33	67.7852	89.6266	.6880	.8216
SCP34	67.6970	92.8623	.5020	.8304
RSCP9	68.8146	97.2650	.3130	.8390
RSCP17	68.0793	92.1360	.5461	.8283
RSCP22	68.4617	94.6400	.4014	.8353
RSCP24	67.9911	96.9073	.3759	.8361
RSCP26	67.1087	96.9778	.3960	.8353
RSCP32	68.1676	89.7214	.6376	.8235
RSCP35	67.6970	94.0139	.4453	.8331
SCP3_1	68.1061	97.3032	.2861	.8406
SCP11_1	67.0455	100.7595	.2185	.8414
RSCP5_1	69.2879	96.9466	.4389	.8339
RSCP31_1	68.6515	88.2728	.6639	.8216

Reliability Coefficients

N of Cases = 34.0   N of Items = 21

Alpha = .8413

Appendix I

Reliability Analysis of Self-Care Practices Measure--3

The following are the results of the reliability analysis of items deleted from the self-care practices measure having a positive correlation < .20 with the original measure.

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

		Mean	Std Dev	Cases
1.	SCP15	3.6765	.7270	34.0
2.	SCP18	4.1765	.7966	34.0
3.	SCP19	4.1765	.3870	34.0
4.	SCP20	4.1471	.8921	34.0
5.	SCP28	4.0588	.6001	34.0
6.	SCP30	3.3824	.9539	34.0
7.	SCP4_1	4.2424	.9221	34.0
8.	SCP14_1	3.6970	.9687	34.0

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	31.5570	7.9998	2.8284	8

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP15	27.8806	7.5142	-.0108	.4464
SCP18	27.3806	5.9279	.3705	.2745
SCP19	27.3806	7.2612	.2824	.3604
SCP20	27.4100	6.8470	.0765	.4218
SCP28	27.4982	7.2943	.1066	.3977
SCP30	28.1747	5.9088	.2547	.3260
SCP4_1	27.3146	6.9614	.0387	.4431
SCP14_1	27.8601	5.4518	.3558	.2616

Reliability Coefficients

N of Cases = 34.0   N of Items = 8

Alpha = .4046

Appendix J

Agency Demands Subscale

The following are the results for the hypothesized agency demands subscale on the self-care practices measure.

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

		Mean	Std Dev	Cases
1.	SCP6	3.7059	1.0879	34.0
2.	SCP34	3.5000	1.1078	34.0
3.	RSCP9	2.3824	1.0449	34.0
4.	RSCP22	2.7353	1.1364	34.0
5.	RSCP26	4.0882	.9001	34.0
6.	RSCP32	3.0294	1.1411	34.0
7.	RSCP35	3.5000	1.1078	34.0
8.	RSCP5__1	1.9091	.8299	34.0
9.	RSCP31_1	2.5455	1.2083	34.0
10.	SCP33	3.4118	1.0764	34.0
11.	RSCP17	3.1176	1.0945	34.0

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	33.9251	51.8630	7.2016	11

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP6	30.2193	44.8826	.3977	.8275
SCP34	30.4251	42.4401	.5678	.8123
RSCP9	31.5428	45.5129	.3730	.8292
RSCP22	31.1898	44.5617	.3961	.8282
RSCP26	29.8369	46.1747	.3988	.8265
RSCP32	30.8957	41.8603	.5892	.8102
RSCP35	30.4251	44.0159	.4503	.8230
RSCP5__1	32.0160	45.6231	.4952	.8201
RSCP31_1	31.3797	40.3338	.6561	.8032
SCP33	30.5134	41.4760	.6656	.8036
RSCP17	30.8075	42.5248	.5703	.8122

Reliability Coefficients

N of Cases = 34.0   N of Items = 11

Alpha = .8319

Appendix K

Environmental Support Subscale

The following are the results of the reliability analysis for the hypothesized environmental support subscale.

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

		Mean	Std Dev	Cases
1.	SCP6	3.7059	1.0879	34.0
2.	SCP34	3.5000	1.1078	34.0
3.	RSCP9	2.3824	1.0449	34.0
4.	RSCP22	2.7353	1.1364	34.0
5.	RSCP26	4.0882	.9001	34.0
6.	RSCP32	3.0294	1.1411	34.0
7.	RSCP35	3.5000	1.1078	34.0
8.	RSCP5__1	1.9091	.8299	34.0
9.	RSCP31_1	2.5455	1.2083	34.0
10.	SCP33	3.4118	1.0764	34.0
11.	RSCP17	3.1176	1.0945	34.0
12.	SCP28	4.0588	.6001	34.0
13.	SCP16	4.1765	.5205	34.0

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	42.1604	55.5337	7.4521	13

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP6	38.4545	48.4713	.3881	.8189
SCP34	38.6604	45.9896	.5535	.8052
RSCP9	39.7781	49.2478	.3542	.8211
RSCP22	39.4251	48.1040	.3894	.8193
RSCP26	38.0722	49.2821	.4306	.8151
RSCP32	39.1310	44.8786	.6117	.8000
RSCP35	38.6604	47.6866	.4327	.8154
RSCP5__1	40.2513	49.4370	.4634	.8133
RSCP31_1	39.6150	43.7842	.6435	.7967
SCP33	38.7487	44.4373	.6925	.7936
RSCP17	39.0428	45.5859	.5920	.8020
SCP28	38.1016	53.6708	.1709	.8285
SCP16	37.9840	53.5655	.2228	.8262

Reliability Coefficients

N of Cases = 34.0   N of Items = 13

Alpha = .8245

Appendix L

Self-Support Subscale

The following are the results of the reliability analysis for the hypothesized self-support subscale on the self-practices measure.

R E L I A B I L I T Y   A N A L Y S I S   -   S C A L E   (A L P H A)

		Mean	Std Dev	Cases
1.	SCP2	3.6471	1.0977	34.0
2.	SCP3_1	3.0909	1.1109	34.0
3.	SCP8	3.5294	.9919	34.0
4.	SCP10	4.2647	.6183	34.0
5.	SCP11_1	4.1515	.7832	34.0
6.	SCP12	4.1176	.7288	34.0
7.	SCP21	4.1176	.8077	34.0
8.	SCP23	2.9706	1.1930	34.0
9.	RSCP24	3.2059	.9464	34.0

Statistics for	Mean	Variance	Std Dev	N of Variables
SCALE	33.0954	17.9098	4.2320	9

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
SCP2	29.4483	13.6424	.3777	.5802
SCP3_1	30.0045	13.9676	.3261	.5957
SCP8	29.5660	13.4735	.4741	.5544
SCP10	28.8307	15.9108	.3277	.6013
SCP11_1	28.9439	17.4240	-.0195	.6635
SCP12	28.9777	15.7883	.2746	.6079
SCP21	28.9777	14.4752	.4527	.5689
SCP23	30.1248	12.7967	.4323	.5625
RSCP24	29.8895	15.8121	.1597	.6350

Reliability Coefficients

N of Cases = 34.0   N of Items = 9

Alpha = .6274

Appendix M

Open-Ended Questionnaire

The following is the open-ended questionnaire utilized in the study of Gestalt therapist self-care practices.

Questionnaire

1. Age range 13-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90-99 | 100-109+
(circle one)
2. Gender: M or F
3. **# years of Gestalt Training:____**

4. **# years as a therapist:____**
(count all time seeing therapy clients, even in training)

5. **Gestalt Institute affiliation____________________________________**
(optional)

6. **Briefly note or describe any unique regional approach or emphasis.**

7. **List and/or describe what you do for self-care.**

8. **To what extent do you do those self-care activities?**

9. **Are your self-care strategies related to your understanding of Gestalt therapy theory? If so, how?**

Appendix N

Gestalt Therapist Self-Care Practices

The following table shows the tallies per category and tallies per self-care activity of Gestalt therapists, as indicated on the open-ended questionnaire.

Social and Professional Support	21 total responses
Quality time with family/friends	4
Group/individual/peer supervision	4
Process with trusted colleagues	3
Training/workshops	2
Personal therapy	1
Team building weekends	1
Support group	1
Socialize with friends	1
Seek hugs from friends	1
Make love	1
Give of one's spirit to others	1
Surround self with loving , caring people/ people of like mind/nice/emotionally healthy	1
Bodily Needs	**20 total responses**
Plan/adjust diet/ eat healthily/vegetarianism	9
Rest/sleep/nap	7
Drink lots of water	1
Nutritional supplement	1
Chiropractor	1
Get energy work done on self	1
Exercise/Physical Activity	**19 total responses**
Exercise	5
Swim	3
Tennis	3
Walk	2
Bicycle	1
Jog	1
Racewalking	1
Strength training	1
Workout	1
Aikido	1
Artistic/Creative Pursuits	**11 total responses**
Watch tv/ go to movies/ theater	4
Sing/listen to music	3
Create art/poetry	2
Journal	2
Spiritual/Focused Mental Activity	**11 total responses**
Meditate	6
Yoga	2
Prayer/spiritual activity	2
Religious meetings	1

Nature Activities	11 total responses
Gardening	3
Be in nature	3
Time-out at beach/mountains	1
Hug a tree	1
Watch snow fall	1
Experience a thunderstorm	1
Spend time with animals	1

Stress Reduction	7 total responses
Acupuncture	3
Massage	2
Hot tub	1
Laugh	1

Quiet Time	7 total responses
"Veg out"/ "Zone out"/ Do nothing	3
Quiet time away from people/responsibilities	1
Sit on porch/sit in silence	1
Silent retreat	1
Watch cows graze	1

Recreation	5 total responses
Travel/vacation	3
Recreation	1
Shop	1

Hobbies	5 total responses
Reading	2
Hobbies	1
Fly kite	1
Computer solitaire	1

Adjust Workload	3 total responses
Gave up full-time work	1
Set boundaries on time/scheduling	1
Limit number of clients before break	1

Appendix O

Gestalt Therapist Data from Self-Care Practices Measure

Since only ratings of 4 or 5 (agree or strongly agree) on the therapist self-care practices measure were significant, the following chart indicates the number and percentage of Gestalt therapists (n=21) who rated any given item as a 4 or a 5. Reverse worded items have been corrected. An asterisk by an item number signifies one missing value.

Item #	# therapists	% therapists	Item #	# therapists	% therapists
1.	21	100	19.*	18	90
2.	14	66	20.	16	76
3.	10	47	21.	13	61
4.	16	76	22.	9	42
5.	4	19	23.	10	47
6.	14	66	24.	8	38
7.	15	71	25.*	9	45
8.	15	71	26.*	12	60
9.	7	33	27.*	13	65
10.	20	95	28.	15	71
11.	18	85	29.	17	80
12.	21	100	30.	14	66
13.	2	9	31.*	6	30
14.	18	85	32.*	12	60
15.	18	85	33.	16	76
16.	20	95	34.	19	90
17.	16	76	35.	18	85
18.	13	61			

Appendix P

Significant Items--Self-Care Practices Measure

The following is a table indicating the items endorsed by 75% or more of Gestalt therapists as agree/strongly agree. Reverse worded items were scale corrected. The * indicates one missing value.

1. I discuss my feelings, motivations, and/or countertransference with colleagues. (100%)

4. My family is supportive (e.g. meets belonging/intimacy needs). (76%)

10. I allow myself to use creativity, humor and playfulness in therapy. (95%).

11. I am aware of my fantasy life. (85%).

12. I allow my clients to be responsible for their own lives. (100%).

14. I eat regular, healthy meals. (85%).

15. I try to control or alter the environment when it is in my power to do so. ((85%).

16. I seek support when needed (i.e. my friends, co-workers, therapist). (95%).

17. Where I work, recognition and rewards are based on more time spent at work. (76%).

19. I notice the physical signs of stress and try to respond to care for myself. (90%).*

20. I accept my own limitations and realize I will not be able to help everyone. (76%).

29. I often reflect on the joys and meaning in my work. (80%).

33. I take sufficient time off from work to relax and rejuvenate. (76%).

34. My caseload is manageable. (90%).

35. Sometimes I am so focused on workplace expectations that I feel I can't think for myself. (85%).

Appendix Q

Experimental Subscale--Gestalt Therapy Theory

The following items on the self-care practices measure were postulated to be related to Gestalt therapy theory.

2. I exercise regularly. [holism, organismic self-regulation]

7. I pay attention to and/or regulate my breathing. [awareness]

8. I engage in stretching or relaxation exercises. [holism]

11. I am aware of my fantasy life. [awareness]

14. I eat regular, healthy meals. [organismic self-regulation, holism]

16. I seek support when needed (i.e. my friends, co-workers, therapist). [support]

Appendix R

Raw Data Tables

Explanation of Raw Data

The following is a list of variables. The key below provides an explanation of the meaning of abbreviations and symbols within the variable table (which is consistent with the variables saved on computer disk) and within the following raw data tables.

scp1	scp11_1	scp21	rscp31_1
scp2	scp12	rscp22	rscp32
scp3_1	rscp13_1	scp23	scp33
scp4_1	scp14_1	rscp24	scp34
rscp5_1	scp15	scp25	rscp35
scp6	scp16	rscp26	prf1
scp7_1	rscp17	scp27	prf2
scp8	scp18	scp28	prf3_1
rscp9	scp19	scp29	prf4
scp10	scp20	scp30	prf5

Key (for variable list):

scp = item from Self-Care Practices Measure

prf = item from Peer Rating Form

r = reverse worded items (corrected values)

_1 = missing values replaced with the series mean

Key (for raw data tables):

Columns 1-35: Items 1-35 from Self-Care Practices Measure

Columns 36-40: Items 1-5 from Peer Rating Form

* = reverse worded items (corrected values)

+ = missing values replaced with the series mean

Raw Data Table--Phase One

1	2	6	8	10	12	15	16	18	19	20	21	23	25	27	28	29	30	33	34	p1	p2
5	5	4	4	4	4	4	4	4	4	2	4	2	2	4	3	4	2	4	3	5	5
5	5	4	4	5	5	5	5	4	4	5	5	5	5	5	4	2	4	4	1	5	5
5	5	5	5	4	4	5	4	5	4	4	4	2	2	4	3	4	3	3	3	4	4
5	4	5	5	5	5	3	4	5	4	4	5	5	3	5	5	3	4	5	5	2	2
5	4	2	3	5	5	2	4	4	4	5	5	4	3	5	5	4	3	3	4	4	5
5	4	5	3	3	5	4	5	5	5	4	5	4	1	5	5	5	5	5	5	4	4
5	4	4	4	5	3	3	5	4	4	2	4	4	4	4	5	5	5	5	4	4	4
5	4	4	2	4	4	4	4	4	4	4	4	3	4	4	3	3	2	2	3	3	3
5	4	4	4	5	4	3	4	2	4	4	5	4	3	5	4	4	2	4	5	5	5
5	2	4	2	4	2	4	5	4	4	4	4	1	1	5	5	4	4	3	2	4	3
4	5	5	5	4	4	4	4	5	5	5	4	2	4	4	4	4	4	2	2	4	5
4	5	5	5	5	5	4	5	4	4	5	5	2	4	4	4	4	2	5	4	4	4
4	4	2	4	4	5	2	4	5	4	5	4	2	2	4	5	4	4	2	4	4	4
4	4	4	3	4	4	4	5	5	4	4	4	2	3	4	4	4	4	4	4	4	4
4	4	4	4	4	3	3	5	3	5	4	5	3	2	3	4	5	4	4	3		
4	4	3	4	4	4	4	4	4	4	3	4	4	3	4	4	4	4	4	4	5	3
4	4	4	4	5	3	4	5	4	4	5	4	5	4	4	4	4	2	4	2	4	4
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3	4	4	4	4	5	4	3	5	5	5	4	4	5	4	4	3	2	2	4		
2	5	3	4	5	5	4	4	4	4	5	4	2	3	4	3	4	4	3	4	4	4
1	2	5	1	4	5	3	4	2	4	5	5	2	3	4	4	4	3	5	5	5	4

p3+	p4	p5	9•	17•	22•	24•	26•	32•	35•	3+	4+	7+	11+	14+	5•+	13•+	31•+	sc	pc	rs
5	5	5	1	1	1	2	4	1	4	5	5	4	2	2	2	2	2	110	25	63
3	5	5	2	3	3	2	5	4	1	4	5	4	5	4	1	3	4	136	23	77
3	4	4	2	3	3	3	4	2	4	4	4	5	4	4	2	3	4	129	19	74
4	4	4	2	4	4	4	5	4	5	5	4	5	5	2	2	2	4	146	16	92
5	5	4	1	2	1	4	4	3	4	4	5	4	5	3.7	3	1	1	125	23	71
4	3	4	2	4	5	4	5	4	5	4	4	2	3	5	2	3	2	142	19	84
4	4	4	4	4	1	3	5	4	2	3	4	3	4	4	2	2	4	132	19	78
3	2	4	3	2	2	3	4	3	4	2	5	4	4	4	2	3	2	118	16	65
3	5	4	4	4	4	2	5	4	4	2	4	3	5	2	4	2	4	132	22	85
5	4	4	3	2	1	4	5	1	2	1	5	4	5	3	1	4	1	111	18	55
4	5	5	2	3	2	2	4	1	4	2	4	5	4	4	1	2	1	121	24	63
5	5	4	2	4	4	4	4	4	4	2	4.2	4	5	4	2	4	4	140	21	85
4	5	5	2	4	4	5	4	4	5	4	5	3	3	5	3	3	2	130	23	75
	4	3	4	3	4	4	4	4	4	4	5	4	4	4	1.9	2	2	132	19	77
3			2	3	2	3	4	3	3	4	4	4	4	2	1	3	2	120		70
4	4	5	2	4	4	4	4	4	4	4	3	3.7	4	3	2	3	2.5	128	20	78
3	4	4	2	4	3	4	4	4	4	3	5	4	4	4	1	4	3	132	20	76
4	5	5	4	4	3	4	4	3	4	3	5	4	4	5	2	2	4	133	20	80
	4	2	2	5	2	4	5	2	2	2	5	4	3	2	1	2	4	118	16	70
4			4	4	2	4	5	4	5	2	5	3	5	5	3	1	2	131		76
3	3	2	1	4	3	2	4	3	4	3.1	4	3	4	2	2	1	2	113	16	62
5	5	4	3	5	3	5	4	5	5	4	5	3	5	5	3	2.4	5	145	20	89
4	4	4	2	2	2	3	3	2	2	3	4	4	4	4	2	2	2	114	21	63
4	5	3	2	1	2	3	3	3	3	2	4	3	3	4	1	1	2	117	19	64
5	3	4	1	2	2	2	4	1	2	2	3	3	3	3	1	3	1	96	19	48
4	4	5	2	4	4	4	4	2	4	4	5	3	4	4	1	1	1	112	22	62
4	3	4	2	3	4	3	5	3	4	4	1	3	4	4	3	2	4	126	19	76
5	3	4	2	4	4	3	3	4	4	2	5	·4	5	4	1	3	2	120	17	66
4	4	5	1	2	2	3	2	3	2	2	2	2	4	4	1	1	1	99	22	51
5	5	5	1	3	1	2	4	4	4	4	4	4	5	4	1	2	3	119	23	66
	5	4	2	1	2	2	4	3	2	4	4	4	4	5	3	2	2	117	23	66
3			4	2	4	2	1	1	2	2	5	4	5	4	2	2	1	119		
5	5	3	4	3	2	4	5	4	4	4	4	5	4.2	4	2	3	2	130	19	77
	4	4	4	3	3	2	5	2	3	1	4	4	5	3	3	4	4	121	22	73

Raw Data Table--Phase Two

1	2	3	4	6	7	8	10	11	12	14	15	16	18	20	21	23	28	29	30	33	34
5	4	1	5	5	5	4	5	5	5	5	5	5	1	5	3	4	3	2	3	4	4
4	5	1	4	3	1	4	5	4	5	5	4	4	3	4	4	1	4	5	4	4	4
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5	1	2	5	3	4	2	5	4	4	4	3	5	3	2	4	2	3	4	2	2	4
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5	2	3	5	3	4	2	5	5	5	4	4	5	5	5	4	1	4	4	4	4	5
5	5	4	4	3	4	5	5	5	5	4	4	5	5	4	2	2	5	5	4	4	5

5*	9*	13*	17*	22*	24*	35*	19+	25+	27+	26*+	31*+	32*+	S1	S2	S3	S4	S6	S7	S8	S10	S11
3	4	3	5	2	4	5	5	3	5	3	4	5	1	1	0	1	1	1	1	1	1
2	3	2	4	4	1	5	4	3	3	4	4	4	1	1	0	1	0	0	1	1	1
3	3	3	2	2	2	4	4	4	3	4	4	4	1	1	0	1	1	0	0	0	0
2	2	2	3	1	4	5	4	4	4	3.5	3	5	1	0	0	1	1	1	1	1	1
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4	3	1	5	1	3	4	4	3	1	3	1	3	1	0	0	0	0	0	1	1	0
2	2	2	4	2	5	4	4	2	4	5	4	4	1	1	0	1	1	1	1	1	1
2	2	2	4	4	2	4	4	2	4	3	3	2	1	1	1	1	1	1	0	1	1
2	2	2	4	2	3	3	4	4	4	2	2	3	1	1	1	1	1	1	1	1	1
2	3	2	4	4	3	5	4	3	4	1	1	4	1	1	1	1	1	1	1	1	1
1	3	2	5	3	1	2	5	2	5	5	1	1	1	1	1	0	0	0	1	1	0
2	2	3	5	3	3	5	4	5	2	4	2	3.6	1	0	0	1	0	1	0	1	1
3	5	2	5	5	2	4	4	3	5	3	2	4	1	1	1	1	0	1	1	1	1

S12	S14	S15	S16	S18	S20	S21	S23	S28	S29	S30	S33	S34	S5	S9	S13	S17	S22	S24	S35	S19	S25	S27	S26	S31	S32
1	1	1	1	0	1	0	1	0	0	0	1	1	0	1	0	1	0	1	1	1	0	1	0	1	1
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