

Editorial

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When I began my private practice I lived in Philadelphia, Pennsylvania. I believed that multiple relationships were to be avoided and avoid them I did. I had a large number of well-qualified professional colleagues, which allowed me to refer out people I knew in other contexts and family members of other clients. I rarely encountered clients socially or around town. On those rare occasions when I did, I kept my eyes averted, responding only if my client initiated contact, carefully following his or her lead.

In 1991 I moved from Philadelphia to the small town of York, Pennsylvania. On one of my first weekends at my new home, I rolled out of bed early Sunday morning and as was my custom, pulled on a pair of sweats, barely combed my hair, then went to the supermarket where I encountered two of my new clients. This was my first clue that this short move had brought me into another reality.

The American Psychological Association has recently been paying particular attention to small-town and rural practices. Last year they profiled a psychologist in a small town like York, in which "Divorces and traffic tickets are in the paper" (Kennedy, 2003, p. 67). This psychologist's sense is that his impact on clients is even greater because he is likely to see them around town. In the same issue, another psychologist, having moved to a rural practice, spoke of trying "to maintain a respectful distance socially because of his unique role..." (Dittman, 2003, p. 66). This clinician described the resultant social isolation, while noting that his clients didn't



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seem uncomfortable encountering him outside the therapy setting.

In the thirteen years that have passed since I moved to York, I have attended three client weddings, a dance recital, and countless parties attended and given by clients. When we knew in advance that an encounter would take place outside the office, we planned how I would be introduced. I have been introduced as a "friend", loudly and proudly introduced as "my psychologist," even seated at a "therapist table" where therapists of several members of the family were seated together. I have treated professionals whom I had previously consulted in their professional roles, and I have again become a client of theirs when they were no longer in therapy, always with careful discussion before and after. I have treated several neighbors who came to me in treatment precisely because they knew and trusted me in other contexts.

While I have done these things which I would never have considered doing in my big-city practice, there have been many things that I haven't done because I couldn't be sure that they would benefit my client (or potential client). Being unable to retreat behind rigid boundaries, I have had to consider each situation and its implications. I understand that the responsibility for this is mine because the therapist-client relationship invests more power in me as therapist; therefore, I have the greater potential to do harm. As an example, I refused to do marital therapy with someone who was providing me with a personal service, because I liked her very much and didn't know her husband. I couldn't trust my ability to remain unbiased. I stopped going to another service provider because a client of mine also went to her. Given that she was aware of this fact, I wasn't comfortable with her giving me her impressions of my client. I talked this over with my client and we both agreed that this would be the best thing to do.

Looking back, my days with clear rules were easier. Exploring the ramifications of each dual relationship requires much more effort from me and my client. I justify dual relationships because in this small town such relationships are largely unavoidable. Going through this process demonstrates for my client (and for me) that everything we do has ramifications, effects upon ourselves and others that we may not be able to foresee. We must, therefore, be especially vigilant, always asking whether the potential benefit is worth the risk entailed.

In the first article of this issue, "The Ethical Dilemmas of Dual Relationships", Isabel Fredericson and Joseph H. Handlon examine such relationships. They examine how the prevailing view of dual relationships is influenced by prevailing social mores and, how this view changes over time. Their perspective goes beyond that of the therapist or consultant and includes business, educational, and religious institutions. In this article they have provided me with an extremely clear and valuable standard for measuring the "goodness" of my dual relationships:

We posit that at least three conditions are necessary for a dual relationship to be considered "good." The first condition is that the person with the greater formal power always be vigilant about, and take full responsibility for, the effect of the dual relationship upon the person with the lesser formal power. Second, the person with the lesser formal power must perceive the relationship as valuable and life-enhancing for him or her. Finally, the person with the lesser formal power must also feel free to say "no" to felt demands or pressures from the person with greater power without suffering recriminations in any way.

Following their article is one by Bud Feder, "Dual Relationships: A Gestalt Therapy Perspective." Feder begins with an historical and theoretical look at dual relationships in the Gestalt community. He acknowledges that in the early days of Gestalt, dual relationships were practiced "indiscriminately and promiscuously." He takes a stand against "boundary violation," then provides rich examples from his own practice in where "boundary crossing" has led to therapeutic change that would not have been likely had he adhered to a more stringently conceived view of the therapist role. Leanne O'Shea's commentary warns of the considerable risks involved in dual relationships and generally advises against them. Hancock and Hyble, in their commentary, take Feder's work outside the realm of the therapy office and into the organization. They give examples from their consulting partnership in which they have gone outside of the bounds of the contract and taken a hard look at whether they believe that their clients benefited from their actions. I think you will find Feder's article and the commentaries to be valuable stimuli to your own thinking on this issue that confronts all of us.

The next set of articles applies Gestalt principles to working with gay and lesbian clients. In "The Fish is In the Water and the Water is In the Fish," Carol Brockmon teaches us that lesbian couples come from the widest possible range of communities. Individual identity, what it means to be a couple, what it means to be lesbian, and what it means to be a parent, are all contextually defined. When we take on work with lesbian couples, we owe it to them to educate ourselves and let them educate us about all the contextual issues that affect them. Brockmon also applies the "Cape Cod Model" (from the Center for the Study of Intimate Systems, Gestalt International Study Center) to her work with lesbian couples and families. Material from her own cases also helps to make Brockmon's article a fascinating read.

Giuseppe Iaculo is an experienced clinician and trainer who is also conducting research on what it means to be gay. In "Relational Support in the Gay Coming-Out Process," he is particularly interested in the support needed from the therapist who is working with someone struggling with sexual orientation. Iaculo describes phases, based on the Gestalt contact cycle, in the process of coming out as gay: "the pre-coming out phase; ori-

entation phase; manipulation and action phase; phase of the first meaningful relationship and full contact; phase of assimilation and integration of the identity....” Iaculo illustrates his concepts with verbatim dialogue with men concerning their processes of coming out.

We experimented with the commentary on Brockmon’s and Iaculo’s articles, and the experiment has led us in a number of interesting directions. Two of the commentaries focus on a single article: while the other two examine both articles. Molly Layton, a family therapist and frequent contributor to *Psychotherapy Networker*, offers her critique of Brockmon’s article, while Bruce Aaron applies Iaculo’s work to his own experience of coming out as a gay man as well as his struggle to integrate his religious practices into the rest of his life. Cynthia Cook brings a finely developed theoretical perspective to both articles and a recognition that the issue is political as well as clinical. Anthony McCann, M.D., a psychiatrist in Maine who frequently works with sexual minorities, uses his experience to consider the value of Iaculo’s and Brockmon’s perspectives to those doing clinical work with these populations.

Our final article is “The Theory of Self in Gestalt Therapy: Re-Establishing a Relationship Between Subjectivity and Temporality” by Claudia Baptista Távora, M.A. Baptista Távora is a Brazilian psychotherapist and theoretician who is interested in closing gaps in the theoretical foundation of Gestalt. In this article she offers discourse on the relationship between self-other and space-time, which she considers to be one “unfinished issue.”

Finally, this issue’s Back Pages offers reviews of two important new books: Mary Ann Kraus reviews *The Heart of Development, Volume 1, Childhood*, edited by Mark McConville and Gordon Wheeler; and Effie Bastas writes on *From the Radical Center: The Heart of Gestalt Therapy: Selected Writings of Erving and Miriam Polster*. Both reviewers do justice to their tasks as they provide us with a glimpse of these books that are destined to become classics in Gestalt literature.

Also, with this issue we are beginning to publish photographs of our authors in the hope that this adds to your experience of *Gestalt Review*.

REFERENCES

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