Embodied Conflict Resolution: The Use of Body Psychotherapy, Gestalt Equine Psychotherapy, and Aikido to Resolve Conflict amongst Adolescents
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Abstract

This paper describes a clinical experiment integrating body psychotherapy, Gestalt equine psychotherapy, and Aikido principles with a group of adolescents. The project consisted of ten two-hour sessions in which the author's purpose was to generate ideas, explore themes, and create a lasting approach to resolving interpersonal conflict. Participatory Action Research (PAR) was the qualitative method used to gather and analyse data. This study included its participants in the process of problem identification, data analysis, the creation of an intervention to address interpersonal conflict resolution, and the integration of feedback from their community. Findings show that GEP and Aikido supported the participants' exploration of somatic responses to conflict and understanding their physical responses to conflict. Integrating body psychotherapy, GEP and Aikido may help adolescents create a more successful and satisfactory conflict resolution.

Keywords: body psychotherapy; gestalt equine psychotherapy; Aikido; participatory action research; adolescents; conflict

Adolescence marks a time in life when navigating peer interactions is developmentally significant. During this time period, it is beneficial for teenagers to acquire foundational conflict-resolution skills that will last throughout their adulthood. The purpose of this Participatory Action Research (PAR) study is to utilise Body Psychotherapy (BP), Gestalt Equine Psychotherapy (GEP), and Aikido as the means to facilitate the resolution of interpersonal conflict among adolescents in a residential treatment centre. Adolescent voices are not typically heard or valued in the dominant literature; the participants of this study serve as co-researchers, ensuring that the results include adolescent perspectives and insights. Methods used to facilitate participants' engagement with the project include: body/movement observation and assessment, GEP experiments, Aikido principles, psycho-education, discussion, and creative writing.

Gestalt Equine Psychotherapy (GEP)

Gestalt therapy, developed by Fritz and Laura Perls, became a new form of psychotherapy in 1951 (Mullner, 2014). GEP was developed by Duey Freeman and Joan Rieger as a therapeutic

approach integrating Gestalt therapy and the Equine assisted psychotherapy. It is an experiential therapy facilitating awareness and contact with horses (Kirby, 2010).

One of the core tenets of GEP is I-thou relationship, a concept developed by Martin Buber and inspired by the relationship he had with his grandfather's horse. I-thou relationship is characterized by a mutual presence that is yielding, spontaneous, and direct (Buber, 1958, 2002) in which both sides (whether human and human, human and nature, or human and spirit) are seen as whole and neither is objectified.

Another core tenet is that of the here and now which is synonymous with present-centeredness (Harman, 1996; Kurtz, 1990). Gestalt therapists assert that the most fertile place to focus the work is on the present, because that is where the most impact can be made (Harman, 1996). According to Perls' notion of the paradoxical theory of change, an awareness of the here and now is a change agent that reduces the need for a therapeutic goal other than achieving awareness (Perls, 1969).

Another key concept of Gestalt therapy and GEP is that of figure and ground, based on the work of early Gestalt psychologists Max Wertheimer (1938), Kurt Koffka (2013), and Wolfgang Köhler (1970). Individuals perceive the world in terms of a focus of interest (figure) and a context (ground). They have a tendency to supply any missing information in order to form a more holistic experience or gestalt. Given the same figure and ground, two individuals with different trauma histories will likely form different gestalts. Thus, given a particular context, what an individual focuses on may not always be accurate, beneficial, or healthy in the present moment. The work of Gestalt therapy is to bring awareness to the figure-ground relationship and especially to the missing information that is generated unconsciously and instantaneously to complete the gestalt (Koffka, 2013; Köhler, 1970; Wertheimer, 1938).

Inspired by these concepts, GEP believes in the healing impact of authentic relationships between client, horse and therapist. It emphasizes interconnectedness and an noninterpretive, experiential process fostering an opportunity for experiencing being in an authentic contact (Kirby, 2010; Lac, 2016).

In boundary work, for example, the GEP therapist does not ask the client to "see if you can get it to move out of your space" but rather "how might you communicate to your horse that you need more space". This is a fundamental difference between GEP and Equine Assisted Therapy (EAP), in which the EAP therapist utilises the horse as a tool that tends to objectify the horse (Hallberg, 2008).

The role of the GEP therapist is to support I-thou relationship between clients and horses while clients explore the ways in which they habitually make or break contact with themselves and others. The therapist provides experiments, which disturb the client's habitual ways of interrupting contact and offers new ways of maintaining contact (D. Freeman, personal communication, February 22, 2014). The therapist focuses on developing, deepening and embodying awareness of relational experience and reflective thinking while conducting these experiments (Kirby, 2010). For example, in boundary work the GEP therapist might say, "Your horse is nudging so hard that you are being pushed backwards; does this feel familiar?" If so, the therapist invites the client to place both hands lightly on the horse's shoulder, while stepping one foot back and pulling energy from the ground. Then he might ask the client to engage his core, and push on his next exhalation, using consistent pressure, while imagining creating more space for him until his horse steps back. This type of experiment allows the client to explore contact in non-habitual ways while in a safe space with the therapist acting as guide and witness.

Gestalt Equine Psychotherapy (GEP) and Body Psychotherapy (BP)

Although there is no literature exploring the effects of GEP combined with BP specifically, according to Candice Ford (2013), studies have found that Equine Assisted Psychotherapy (EAP) helps clients to significantly increase their sense of personal empowerment, self-confidence and self-esteem, and effectiveness in creating and maintaining healthy relationships including improved skill with conflict resolution. Studies have also found that EAP helps clients to decrease negative social behaviour including hostility and aggression (Trotter, Chandler, Goodwin-Bond & Casey, 2008).

Aikido and Conflict Resolution

Morehei Ueshiba (O-Sensei), the founder of Aikido in the beginning of the 20th century in Japan writes: "Aikido emerged from a longstanding martial culture which had transformed a system of fighting arts (bugei), devised to inflict injury and death, into marital arts (budo), dedicated to developing self-protection by integrating mind, body, and spirit" (Faggianelli & Lukoff, 2006, p.162). From ai meaning harmony, ki meaning energy, and do meaning way, Aikido has been translated as the way of spiritual harmony or the way of blended energy (Faggianelli & Lukoff, 2006; Ueshiba, 1984) and emphasises peaceful conflict resolution and non-violence (Tapley, 2008).

Faggianelli and Lukoff (2006) suggest that Aikido is a useful tool for psychotherapy because the basic principle of Aikido is conflict and peaceful resolution. Philippe Martin (2004) and others have proposed that Aikido could naturally support and enhance the psychotherapeutic process due to the parallel principles between Aikido and psychotherapy (Rush, 2000). Multiple studies conducted agree that martial arts in general enhance the process of psychotherapy by providing active, physical routes for the discovery and expression of emotions (Weiser et al., 1995; Zivin et al., 2001). Martin (2004) developed a model for conflict resolution comprised of centring, connecting, channeling, and concluding (4Cs) to offer a specific somatic method of working on increasing autonomy via breath, posture, and existential positioning based on Aikido practice and principles.

Participatory Action Research (PAR) with Adolescents

Morsillo and Prilleltensky (2007) describe two types of youth social involvement reported in the literature. The first is civic engagement which does not challenge the societal status quo and the second is transformational involvement which strives to change the conditions that led to the problem. Participatory action research is considered transformational because it recognises the need to both challenge existing social standards and to attempt specific alterations of political structures (Morsillo & Prilleltensky, 2007).

PAR was developed to address practical questions regarding daily struggle and survival. A hallmark component of PAR is that it blurs the distinction between researcher and researched. PAR was developed to study groups and institutions historically distrustful or even completely closed to "outside" researchers. Its methodology facilitates easier entry into the politics of these institutions by maintaining relationships with every level of the group's hierarchy (Stoudt, 2008). Mutual respect fosters trust and the openness to question some practices or beliefs that may have been previously off-limits and then to work collaboratively toward change. There are different paradigms for producing knowledge and PAR is one alternative in which groups adversely affected by social injustice take it upon them to study the issue and affect a positive resolution (Nygreen, Kwon & Sanchez, 2006; Park, 1999).

Although age is not generally thought of as an area of oppression like gender or race, youth represent a marginalized group in society and most of the participatory research studies focus on projects involving adults despite youth's marginalized status. Recently, however, investigators have been paying increased attention to the meaningful roles that youth, especially marginalized youth of colour, are able to play through their own active participation and civic engagement around social justice concerns. Multiple sources agree that youth participatory action research is coming into its own as a way to promote personally relevant youth engagement. It gives young people a platform for their concerns and promotes local programs and activities that are most relevant to the youth of that community. In this type of youth-focused research, youth are seen to be active, effective collaborators with professionals and powerful agents of social change (Foster-Fishman et al, 2010; Morsillo & Prilleltensky, 2007; Nygreen, Kwon & Sanchez, 2006).

The Project

Context

In the summer of 2013, a rapidly growing, young organization became a licensed residential treatment centre (RTC) in Colorado. By the fall of 2013, it became clear to staff and residents that the old methods of operation were no longer serving their needs and new methods were needed. Communication gaps between administration, direct care staff, and the residents occurred regularly and the residents demanded changes.

A special meeting was called to support the residents' overwhelming feelings of frustration, exasperation, and helplessness. During that meeting, the staff offered the residents the opportunity to create lasting change in the form of an adolescent participatory action research project addressing the issues of conflict and conflict resolution at the RTC. We asked the following questions:

1) How do the residents navigate the somatic effects of conflict as individuals and as a group? 2) How might we co-create embodied conflict resolution?

Participants

For supervision purposes, all residents had to participate in all activities at the RTC. Therefore, the initial ten residents voluntarily and unanimously agreed to participate in the PAR project. For the subsequent eight residents admitted to the RTC after the project start date, however, the project was a mandatory part of their treatment plan. All participants, ranging in age from fourteen to eighteen, were in treatment for addiction and twelve of the eighteen have a dual diagnosis including either anxiety or depression.

Method

This project consisted of ten two-hour sessions that took place over the course of three months. The participants deliberated on whether or not to proceed with the project for the first two sessions before coming to a unanimous decision to move forward. Sessions three, four, five, and six were dedicated to information gathering, in which the primary researcher and a research assistant introduced various body psychotherapy, gestalt equine psychotherapy, and psycho-educational principles to facilitate a deeper understanding of how residents navigate the somatic effects of conflict. Participants created and implemented an action plan to co-create embodied conflict resolution during sessions seven, eight, and nine and gave a presentation to the RTC staff to propose their action plan in session ten.

Findings

In sessions one and two, the primary researcher invited participants to consider whether they wanted to participate in the process of this study. In the face of conflict, many participants disengaged immediately, some attempted to take leadership roles and then collapsed in their bodies when the other participants did not follow, some stood their ground in the face of critical feedback from fellow participants, and others joined the majority to "get it over with"

Phase 1: Gathering information

During the first phase of the project, prompted by the primary researcher, participants identified everything they knew about conflict and the body (tension, shaking, crying, numbness, elevated heart rate, shallow breath, raised voice); conflict and horses (horses learn from pressure and release; they are prey animals and therefore sensitive to congruence and have a propensity for flight; they are herd animals and depend on hierarchy for survival; they communicate with their ears and tails, as well as through contact and boundaries); RTC policies/procedures that support conflict resolution (structure of group therapy, quality of individual/family therapy, inclusion of alternative therapies, enforced diet/sleep/exercise); and RTC policies/procedures that do not support conflict resolution (staff invasion of privacy, staff enforcing different rules differently, group consequences for individual behaviours, staff-staff and staff-resident communication gaps, personality clashes between staff and residents, and not enough unstructured time).

Data analysis occurred by the end of the information gathering phase of the project. Participants were asked to consider all of the data collected, sort it into smaller and smaller groups and name those groups. Participants identified those groups as positive and negative RTC policies and procedures, positive and negative experiences of conflict, and positive and negative outcomes.

In order to begin to understand how conflict resides in the body, participants were asked to list three values. Family, friendship, and love were the most prevalent responses. Participants were then asked to select an object in nature to represent one of their values and create a posture or movement in relationship to that value. Participant F, for example, held a photo representing friendship and love up to her heart and crossed her arms around it in an embrace. Participant B stood ten feet away from a pile of branches representing respect and shook her body back and forth while squinting her eyes and turning away. This exercise was designed to deepen each participant's understanding of their values by incorporating information gathered from the body.

Next, participants were asked to imagine a situation in which their values clashed with those of a peer or authority figure. Participants were then asked to draw their visceral experiences of the situation on a body map. For instance, participant G drew a scribble over the head labeled "over-thinking", an X over the mouth labeled "don't say anything", another scribble labeled "emotions" over the heart, lines on the left forearm labeled "urges", and a box around both legs labeled "lazy". Seven out of eight participants drew some form of scribble or cloud or opaque circle around their heads, hearts, and abdomens. The purpose of this exercise was for participants to gather information about the somatic effects of conflict on their bodies.

Phase 2: Implanting an action plan to co-create embodied conflict resolution

Participants were initially frustrated with the ongoing changes and discrepancies in their daily schedule at the RTC as well as concerned that their input was neither heard

nor welcomed. They expressed irritation and impatience as evidenced by tense and fidgety behaviour. The residents asked the questions like, "Who is in charge?" "Who is at fault?" Feelings of helplessness arose in statements such as: "We've tried this before and nothing ever changes". They also expressed overwhelming feelings, stating that their workload was too large for the allotted time to finish tasks. The primary researcher explained that this project could be an opportunity for residents to examine the culture of conflict at the RTC and create an action plan to support the process of conflict resolution. The process of coming to a unanimous decision regarding the use of PAR to explore the nature of conflict at the RTC proved to be an important step in increasing awareness of individual and group relationships to conflict. For example, Participants A and B became involved in an argument, causing Participant C to shut down, which increased defiance in Participant D and resentment in Participant E. The novelty of making a decision as a group offered space for the residents to notice and comment on the high energy, noise, and tension levels present as well as express personal opinions and ask each other questions. During this phase of the project, participants were not given specific tools to support the conflict; instead they were prompted to engage autonomously. This was done in an atmosphere of tension and frustration. Even though the participants requested that the primary researcher make a decision for them, they were encouraged to resolve the conflict themselves. After four hours, the participants came to a unanimous decision to proceed with the project. The primary researcher congratulated the group. During check-out, the group was asked," How would you describe your individual response to conflict, your beliefs about conflict, the group's response to conflict, and the emotional effects of conflict on your body?"

Participant A: The group "learned from experience to be calm"

Participant B: "Conflict is unnecessary and brings more conflict... I try to avoid it."

Participant C: "I got frustrated once, otherwise I was disengaged."

Participant D: "I noticed a lot of contradicting behaviour and a lot of neutral behaviour... I felt distracted by my water bottle."

Participant E: "My individual response to conflict was to take a leadership role, but when that didn't work I just remained neutral... I'm not a strong leader in conflict situations."

After participants had figured out how to resolve the initial conflict, the primary researcher began the phase designed to support the acquisition of more effective conflict resolution skills. Participants were invited to observe two horses interacting at mealtime. The horses' observable actions, such as raising and lowering their heads, were identified as ground, while the participant's interpretations of those actions, such as "dominating" and "cooperating", were identified as figure. At the end of the exercise, participants were encouraged to consider what arose for each of them thematically as figure, if that figure typically arises in other conflict situations, and what information was actually missing from this here and now that might have been filled in automatically to create the figure. Relevant themes pertaining to identification of habitual patterns of behaviour in conflict situations included passive-aggressive behaviour, tension, anxiety, and hyper-sensitivity.

In order to ensure safety around the horses, experienced participants were asked to share what they knew about the animals. This activity also served to catch new participants up on the project and provided an opening for the use of Aikido with horses. In Aikido, practitioners are taught to centre themselves, connect with their attacker, channel the incoming energy, and safely conclude the attack. The primary researcher demonstrated how to use these principles and practices to start a horse from a standstill by asking how to move a 1,500 pound

horse's feet if it does not want to move. Another question asked was how to ask for what you need in a conflict situation.

Participants experimented with moving the horses using no physical devices, only touch, energy and voice. Those who used more forceful or dominant methods were less successful than those who "joined with" the horses. At one point the horses walked away from the group and a participant commented that the horses left because they were mad. This prompted a discussion about projections and how they can influence responses to conflict. Then, participants experimented with moving the horses again, this time with the intention of responding to their observations of the horses rather than their interpretations, which were often clouded by projections. The primary researcher noticed a significant increase in participants "joining with" their horses as evidenced by more participants moving their horses without needing devices such as halters and lead ropes.

In session seven, the primary researcher directed participants towards the creation of an action plan. Participants became visibly agitated and expressed feeling unclear about the process, bored, confused, frustrated, and uninterested. The primary researcher explained a way of understanding the action phase, "We have not yet attempted to create change; we were gathering information to better understand what change we would like to effect". The participants wished to manage their own time, so the adult researchers stepped back and let the residents self-organise within the group to decide how they would do that, what resources they would need, what kind of staff support they would need, and what activities would be acceptable. The adult researchers noted that, at first, only three participants were spearheading the effort while the rest (11) talked to their neighbour, slept, or otherwise occupied themselves quietly in their seats. However, as time went by, the leaders began to engage some of those participants and a few others jumped in of their own accord. Eventually, the participants came up with the concept of Personal Productive Free Time (PPFT), in which residents would be supervised by staff for a designated period of time and could engage in schoolwork, de-xing [fulfilling consequences of rule infractions], cleaning, or other enrichment activities. The majority of the participants did not engage in the creation of the action plan although they all signed it once it was complete. Although the participants' action plan did not directly address their initial presenting complaint (scheduling conflicts due to communication gaps), it was indirectly related to scheduling. Moreover, their action plan tended to ignore the need for communication and the participants did not utilise any of the conflict tools taught in the preceding weeks. This is perhaps due to the limitation of rolling admissions (see Limitations and Challenges section below).

Before participants transitioned into Personal Productive Free Time, the primary researcher asked," Who is holding you accountable to the rules during PPFT?" The participants decided that they would try holding themselves and each other accountable during PPFT and report back in the final session of the project. The adult researchers observed a lot of chaos at the start of PPFT, but after thirty minutes ten out of eleven residents found something productive to do.

Phase 3: Proposing an action plan

In the final session of our PAR project, the participants presented their proposal for a month-long trial of PPFT, to the director of the RTC and key staff. Participants began with an account of the project including the unanimous decision to proceed with the project, hands-on work with the horses involving boundaries, conflict, and communication, and the action plan (PPFT) they wished to propose. During this presentation, participants identified skills

they learned during the project, such as "effective communication", "awareness of needs", accountability, and productive time management. They also stated their reasoning for PPFT, "communication between staff and residents was not effective", residents did not like the schedule flow, PPFT is a chance for residents to have a say in their daily life/schedule, and residents wanted a chance to do productive activities such as cleaning, reading/writing, and "checklist stuff".

The participants and staff engaged in a question and answer period, at the end of which the director granted the month long trial. Many participants agreed that the presentation went well and expressed feelings such as relief, excitement, and happiness that the group was able to come together and ask for what they needed.

Discussion and conclusion

In this study participants explored their conflict styles using body/movement observation and assessment, GEP experiments, and Aikido principles. They also identified their values and discovered the skills to communicate those values. They discovered their individual and group capacity to co-create conflict resolution and communicated their needs to the director and received a favourable response.

GEP and Aikido were used to support the participants' exploration of somatic responses to conflict and understanding their physical responses to conflict helped to create a more successful and satisfactory conflict resolution.

Limitations and Challenges

The rolling admissions process at this RTC coupled with the extensive duration of the project due to scheduling challenges is the most significant limitation to this study. For the initial group of residents, participation was voluntary. However, the project became mandatory for incoming residents as a part of the RTC treatment plan. This presented two initial limitations. First, the participants entering the treatment centre after the initial project sessions did not participate in the project voluntarily. Second, residents that were admitted during the action planning phase of the project were not privy to the information gathering portion of the project yet were still expected to contribute to the solution. The limitations of rolling admissions and scheduling challenges significantly contributed to the disrupted flow of the project and the weakened cohesion of the final proposal.

The primary researcher's assumptions about this clinical experiment and its participants are another considerable limitation. The primary researcher assumed that participants would be invigorated by a project exploring BP tools, GEP experiments, and Aikido principles. Instead, the participants reported initial feelings of exasperation at the prospect of another scheduled activity. The primary researcher was unaware of the participants concern for completing graduation requirements within a schedule that did not allow adequate time. In the end, however, the PAR project yielded a two hour time slot for personal productivity twice a week.

In this clinical experiment, we sought to examine the impact of engaging conflict in an embodied process instead of avoiding it. We wondered if we could identify the underlying problem and find a natural solution. Through the embodied process we found that participants were overwhelmed with the schedule's demands, felt powerless to communicate to staff that. There was too much rigidity in their schedule, and they needed space to choose how to spend their time. Through their embodied participation in the project participants were able to identify the somatic signs of conflict in their bodies, recognise their habitual responses to conflict, practice

skills to stay in contact with conflict in their bodies, identify what was needed to resolve the conflict, and present those findings as a group in a proposal to staff.

The desired outcome of participatory action research is to change community practice. Conducting the project through the framework of participatory action research meant that the participants discussed and analysed the content of each session along with the author. Transparency allowed the participants to work with the author as co-researchers.. This method allowed the participants to take an active role in the research process, thus empowering them to discover their style of conflict resolution and teaching them about the important role of research within their communities. The participants expressed a new understanding of their relationship to conflict and a sense of empowerment based on their participation in the study.

For therapists working in an environment in which clients are either fighting against the structure and authority or collapsing under it, what is presented here can be a useful model to engage clients in approaching conflicts that arise in treatment from a more empowered and autonomous place. Utilising horses as co-therapists affords therapists a more potent reflection of the non-verbal, which in our experiment helped participants identify their habitual responses to conflict. Aikido principles teach authentic and non-violent responses to conflict, enabling clients to respond with softness and strength even when a tremendous amount of energy is directed at them. Therapists can utilise Aikido to assist clients in responding to conflict without either fighting or collapsing.

The results of this study describe the experiences of the participants at this particular residential treatment centre and although some generalisations may be made to other adolescents in treatment, they cannot be supported by substantial evidence from this narrow study.

BIOGRAPHY

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