



Dick Price

Dick Price - Psychosis & Shamanic Practice



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20 min read · Sep 5, 2016



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This text is an examination of the work that Richard (“Dick”) Price did at Esalen Institute — specifically with people who experienced psychosis. The intention is to create an overview that will be conversational and condensed. A detailed explanation of Dick’s work can be found in a book that is referenced later in this text.

Several points have to be made at the beginning. First, everybody may hear inaccurate stories about Dick. Charismatic people stimulate myths that are not totally grounded in reality. In Dick’s case, this has been exacerbated by an article about Esalen, published in the New York Times, which contained inaccurate information about Dick Price. The reporter who wrote the article was challenged by a family member. In response, he cited two senior Esalen figures as sources. So he is not to blame. But this demonstrates that you may encounter apparently trustworthy people, even at Esalen, who indulge a habit of telling inaccurate stories about Dick’s life. This has been remedied by the recent publication of a detailed biography: “[The Life and Practice of Richard Price.](#)”

The second thing is that very few people actually continue to practice in Dick Price’s tradition at Esalen Institute. In part, this is because Dick’s practice was not Gestalt Therapy. It was Gestalt Practice, which is something quite different. Within current Esalen management circles there are only a couple of people who have any real connection to Dick’s tradition. Now that Chris Price (Dick’s wife) has withdrawn from Esalen, there are very few people (with several prominent exceptions, like Dorothy Charles and Steven Harper) who can talk authoritatively about Dick’s work. This has been exacerbated by the departure and later demise of Barclay James (a.k.a. “Eric”) Erickson.

Third, there have been many different modes of practice that people have experimented with at Esalen over the years. Some had a lasting impact on

Dick's practice. Others did not. Many people understandably have a tendency to confuse some of these other practices with Dick's work. For instance, Stan Grof's Holotropic Breathwork and the so-called Spiritual Emergency Network are often associated with Dick Price, because he encouraged these initiatives. But Dick's Gestalt Practice tradition and his work with psychosis are distinctly different. And it is Dick's own work that has had a continuing and often unrecognized influence. Only recently has there been a renewed effort to distinguish and articulate Dick's practice, so that his work can be preserved for the future.

Also, there has been some confusion about the role that Esalen Institute currently plays as a refuge for people experiencing extreme mental states. So the fourth thing to realize is that Esalen, with very limited exceptions, no longer functions as a place for people to process their psychotic experiences.

Of course, one of Dick's greatest accomplishments was the Esalen funded Agnews State Hospital study (cited at the end), which showed that the majority of patients diagnosed with schizophrenia will do better without medication. And Dick did, in fact, use Esalen as a refuge for people experiencing psychosis. The techniques Dick developed at Esalen now form an integral part of Dick's legacy. However, Dick's efforts, specifically in regard to psychosis, were discontinued at Esalen after Dick's death. And it is a mistake to suppose that this kind of work still goes on at Esalen Institute. For that reason, it is especially fortunate that Michael Cornwall (a Berkeley psychotherapist) has been able to convene occasional workshops at Esalen addressing alternative treatment methods for extreme states. Michael's efforts perpetuate a valuable precedent that Dick established.

Finally, this text often refers to extreme states using the word "psychosis." Some people have problems with that word. And they do make persuasive

arguments. But, with caution, the word “psychosis” can be a useful shorthand expression to point at a variety of psychic difficulties that people may experience. However, when “psychosis” is used in this text it is not intended to refer to the diagnosis of schizophrenia, or any diagnosis for that matter. Nor is it a label for specific symptoms. Instead, it refers to mental states of ongoing experience that some people have, which cause them extreme unpleasantness or difficulty (and occasionally — expansive, insightful and blissful experiences).

One of the many unfortunate aspects of Dick’s death, at the early age of 55, is that he was prevented from writing about his own work. However, he definitely planned to do so. He was gradually shifting more of the teaching work over to his wife, Christine Price. And as she became more involved with teaching, she and Dick adopted the name Gestalt Practice to distinguish their work from Gestalt Therapy, and also to emphasize its roots in meditation practice. And Chris will tell you that Dick had already started to make notes for later writing — when and if he finally got the time. So we know that Dick would have appreciated seeing his work preserved. *[Chris commented that Dick continued to use the expression Gestalt Practice until his death. Later, Chris exclusively used Gestalt Awareness Practice for their work because many people started using Gestalt Practice for whatever they were doing, without being clear about the difference from the Gestalt Therapy model. She wanted to preserve the distinction. So Gestalt Awareness Practice is a trademarked service mark for her work, which preserves the distinction that Dick initially made. In colloquial parlance, the expression Gestalt Practice may be similar, but may not necessarily have the same quality.]*

The current problem with treatment for psychosis is well known to people who attend Michael Cornwall’s workshops at Esalen. The psychiatric guidelines for treatment with pharmaceutical drugs are misguided.

Neuroleptics are tranquilizers. Their presumed locus of action on dopamine circuits in the brain is based upon questionable evidence. Long term administration of neuroleptics causes very serious side effects. In addition, the pharmaceutical industry and psychiatrists who market neuroleptic drugs have engaged in deceptive practices, so that drug treatments are beginning to be regarded with the same aura of charlatanism as prefrontal lobotomies. And standard forms of psychotherapy offer little benefit for people who experience psychotic states.

In contrast, Dick Price's form of Gestalt Practice offers a coherent and potent method of recovery for people who are in the midst of extreme mental experiences. Dick left behind a model that, when properly understood, can be implemented in the context of future peer-managed refuge facilities. But first, the question has to be answered... What is Gestalt Practice? ...Or more specifically: What is the current form of Gestalt Awareness Practice that Chris & Dick Price developed?

The answer is that Gestalt Awareness Practice is related to current forms of Mindfulness Based Psychotherapy. Or, in shorthand, GAP is somewhat like MBP. And MBP, now that it has become popular on the West Coast, is recognized as an existential or humanistic form of psychotherapy influenced by awareness practices derived from Buddhism. Similar kinds of awareness training are now generally referred to as "mindfulness practices." A prominent example of psychotherapy that uses mindfulness practice is Marsha Linehan's Dialectical Behavior Therapy.

Meditative practice has a real physiological impact on the brain. Regular practice can increase the levels of the neurotransmitter GABA, which helps to modulate emotional reactivity. Meditation has been shown to increase activity in the prefrontal cortex, which facilitates relationships, increases

compassion, and decreases delusional thinking. And recent discoveries have shown that neuroplasticity can make these changes permanent. These are natural, healthy changes that compare positively with the unnatural and destructive long term effects of pharmaceutical drugs. And these benefits have made Mindfulness Based Psychotherapy increasingly popular.

But there is a distinction between MBP and Gestalt Awareness Practice. GAP is not psychotherapy! The leader of a GAP group is not a therapist. GAP is a communitarian practice. That is to say, GAP does not depend upon the individual expertise of a professional. Rather it is based upon a communitarian field — a field of awareness, empathy, and equanimity — in order to promote transformation. In the context of current developments in the treatment of psychosis, this non-professional, peer-based, field effect is what makes GAP relevant. (A full explanation of Gestalt Practice, which is only briefly addressed here, can be found in the [“Manual of Gestalt Practice in the tradition of Dick Price.”](#))

In order to understand what mindfulness practice is, and what GAP is, initially we have to have some understanding of mind. What is mind? This has been a question that people who teach forms of MBP on the West Coast have repeatedly asked of practitioner groups during the last decade. The answer they have come up with is this: Mind is an embodied and relational process for the regulation of emotion and cognition.

Dr. Dan Siegel at UCLA, who works with people from Spirit Rock Meditation Center, uses a slightly different definition. He says that: Mind is the embodied and relational process for the regulation of energy and information. Comparing these definitions reveals some interesting things. Emotion and energy mean the same thing. Emotion energizes human behavior. Emotion is embodied energy. And energy is distributed throughout

the body, not just in the brain. This is in accord with our contemporary understanding that neural processing centers are distributed throughout the body — with neural networks in the genitals, the abdomen and stomach, and surrounding the heart. And trauma, for instance, results in the blockage of the flow of energy through these centers. Dick Price was initially influenced by the embodied psychology of Wilhelm Reich. Reich said that emotional blockages were manifested in the body. And that understanding is reflected in contemporary Gestalt Awareness Practice.

Continuing with the definition, we see that cognitive regulation is essentially a function of information processing. Cognition is a combination of perception, memory, narrative, linear processing and spatial processing. These functions have existential roots. Our cognition defines our being. We are what we perceive. Our cognition is how we orient ourselves in the world. In this regard, it should be remembered that Fritz Perls initially considered calling his therapeutic process “existential therapy.” It was only when he started to collaborate with Paul Goodman that they decided to call their groundbreaking text by the title, “Gestalt Therapy.” So here we find the cognitive roots of GAP.

Taken together these ideas illuminate the definition of mind as: The embodied and relational process for the regulation of emotion and cognition. It should be emphasized that this process is not only embodied — it is not just “in” the body. It is also relational. Mind is relational. It also exists outside the body in our relationships with others. In Gestalt terms this is what is called “field theory.” And this is also the way in which a spiritual aspect enters into the practice of mindfulness. Our mind is defined in relationship with others. We exist in relationship with the environment. And our mind is constituted in relationship with Spirit. Our mind permeates our

body and extends outward into ever wider fields of relationship — and ultimately, with “the Other.”

Now psychosis, as it is understood from the perspective of GAP, is a condition that results from the traumatic deregulation of embodied and relational emotions and cognition. And the basic modality for re-establishing the integrity of these regulatory processes of mind is awareness practice.

Mindfulness practice is awareness practice. This is the crucial point for understanding what Dick Price incorporated into Gestalt Practice — and it is what he added that made a big difference in how he approached the treatment of psychosis. It also is a very important turning point, in cultural terms. Because this is the point where Eastern culture met Western culture on the California Coast in the 1960s, and produced a breakthrough which led to GAP.

One of the most important influences on Dick Price was Alan Watts. Dick met Watts in San Francisco when Dick lived at the East/West House, even before Esalen was founded. Watts actually gave one of the first lectures at Esalen, and he was an important influence on the Institute in the early years. Most telling for present purposes, Watts wrote a book with the title, “Psychotherapy East and West,” in which he outlined the similarities between Western psychoanalysis and Eastern Zen practice.

In addition, Dick Price was influenced by his exposure to Vispassana Buddhist practice. At a very early stage, Dick read a book by the Theravada Buddhist monk, Nyanaponika Thera (a German who was ordained in Sri Lanka), entitled “The Heart of Buddhist Meditation.” This book was a commentary on the Satipatthana Sutta, which is the basic Buddhist teaching

about mindfulness. [*Chris observes that it was by reading this book and doing the practice that seemed to move Dick into the altered state that landed him in the hospital in the first place!*]

Dick Price, who, as we have seen, was initially influenced by Reich, took these insights from Eastern Buddhist mindfulness practices, and incorporated them with existential techniques of Western psychotherapy that he learned from Fritz Perls. The end result was what we now call Gestalt Awareness Practice. And Dick used this form of embodied existential mindfulness practice as the basis of the approach that he used to work with people experiencing psychotic states at Esalen Institute.

Fritz Perls initially started leading Gestalt Therapy training groups at Esalen in the mid- to late- 1960s. Actually, Fritz was not supposed to be doing psychotherapy at Esalen, because he was not a licensed practitioner in California. His German medical degree was not recognized in the States. So he was supposedly teaching Gestalt techniques in a group setting at Esalen. This was the origin of the idea of a Gestalt teacher, rather than a therapist.

Many forms of practice flowed through the gates at Esalen during the '60s, '70s and '80s, including Primal Therapy, Bioenergetics, Rolfing, and Holotropic Breathwork — to name just a few. And Dick incorporated many of these ideas into Gestalt Practice. But he primarily combined practices from mindfulness meditation and his intrinsic Taoist trust in the unfolding of things, with the technique of Fritz's Gestalt "hot seat" work, in which an individual becomes the focus for processing. Dick changed the name of his own process to "open seat" work, in order to more fully distinguish this practice from psychotherapy.

Dick discontinued the identification of the leader as a “therapist” and the client as a “patient.” Instead, Dick called the person who produced the material during an open seat session — the “initiator.” And the person who witnessed the work was now — the “reflector.” By doing this, Dick de-professionalized his practice, and thereby defused and decoupled his work from the abuses he had experienced in the mental health industry.

Dick Price had his own experiences with clinical psychiatry that were not positive. The story is well known. Suffice it to say that as a young man, Dick had been misdiagnosed as a paranoid schizophrenic, and had been subjected to destructive treatment with neuroleptic drugs, electroshock and insulin shock. When Dick recovered, he started Esalen Institute with Michael Murphy at an old hot springs resort on the isolated Big Sur, California coast, as a way of creating a refuge for people who might otherwise be exposed to the same kind of mistreatment. Dick believed that what is called psychosis is actually a healing process, or a shamanic journey that would naturally resolve the problems that precipitated the psychotic state — if treated with empathy and respect. Dick was interested in facilitating whatever portion of the experience that was self-correcting so it actually had a chance to self-correct! In this regard, Dick was impressed by Julian Silverman’s work as a way of sorting out who was in a self-balancing process and who was caught in a tortuous loop that might not bring them much release.

Dick Price, Julian Silverman (who came from the NIMH), Dr. Jack Downing, and others helped to stage the Agnews State Hospital study in the '70s. That study demonstrated the comparative long-term ineffectiveness of neuroleptic drugs. What is less well known is that Dick and Julian used Esalen Institute as a refuge for people who were prone to experience

psychotic states. These people were allowed to process their experiences at Esalen without the hindrance of neuroleptic drugs.

Dick Price managed the day-to-day affairs of Esalen, and he led many Gestalt workshops for the public. In addition, Dick and Julian would invite people who were disposed to enter altered states to live and work at Esalen. When Dick found out that someone in the Esalen community was having a particularly difficult time, he would send that person to a room where they could safely work through their process. Ideally, he would assign two people who had experience with Gestalt Practice to sit with this person, staying with them in four hour shifts, 24 hours a day. Initially, the team would protect the person from harm, and make sure they received water and food.

Additionally, the team would listen and reflect what the person said, without judgment and with empathy. Since they were not professional psychotherapists, the team members would not attempt any kind of therapeutic intervention. No matter how delusional or incoherent, after about a week the person would start to make sense, and their consciousness would clarify enough so they could engage in coherent exchanges. At this point, some initial processing work might take place in the Gestalt mode. The person might begin to enter into dialogue with their own intrapsychic processes, in a way that was typical of open seat work.

When the person eventually became sufficiently coherent, Dick might invite them to re-enter the day-to-day Esalen community on a limited basis, and might even assign them light work duties. They might even start to attend community Gestalt Practice groups in which they could deepen their exploration of the material they had uncovered during their seclusion. Very occasionally, a person might have a difficult experience that could not practically be managed at Esalen — or their condition might begin to disintegrate further. In that case, Dick might decide that they would be

better off in hospital. But in the majority of instances, a person who experienced an extreme state at Esalen would recover sufficiently in six weeks or so to re-enter normal life.

It is useful to note here that Dick was really practical about this process. He did not hesitate to enlist medical assistance when it obviously became necessary. In this regard, it must be recalled that Dick actually had himself admitted to hospital when he experienced a temporary psychotic break in 1969. At the hospital, during the admission process, Dick almost convinced the hospital staff that he was actually his friend, Dr. Jack Downing — the person who had taken Dick to the hospital. But that's another story, as they say.... And it's the kind of story that you're likely to hear in the Esalen Lodge!

From the perspective of GAP, Dick's pragmatic attitude toward medical care can be seen as very similar to the Open Dialogue approach. This new method for treating psychosis, developed in Finland, is currently regarded as very promising, because it produces the same kind of results that were predicted by Dick's Agnews State Hospital study 35 years ago. Open Dialogue relies upon an interpersonal process in a community setting — similar to Dick's process — rather than the intensive use of neuroleptic drugs. Open Dialogue also takes a similarly pragmatic approach toward medication, by occasionally employing the very limited use of benzodiazepines to reduce anxiety and neuroleptics to allow for insight. However, in both the Open Dialogue and the GAP approach to psychosis, hospitalization and drugs, while not absolutely excluded, are not regarded as the preferred approach.

It must be emphasized here that Dick never stigmatized a person with a diagnosis like schizophrenia. A person who might have a psychotic experience was treated like an “initiator” of process, and the people who supported this process did not assume the role of therapist, but acted instead

as a “reflector” who protected, supported and clarified the person’s experience. Their experience was allowed to unfold naturally, and they were allowed to follow their own trajectory toward resolution. The person was encouraged to bring awareness to their experience — to notice what was happening to them in the present moment. When they were able, they were encouraged to process the material that arose in their awareness with standard Gestalt techniques of intrapsychic dialogue. But their experience was never “analyzed” or forced into any kind of psychotherapeutic mold.

The process that Dick Price employed at Esalen Institute, in order to work with people experiencing extreme states, served as a model that was successfully replicated elsewhere. However, these programs were short-lived, because of the emerging dominance of the pharmaceutical treatment model. The treatment method that John Weir Perry developed at Diabasis House in San Francisco was very similar to what Dick did at Esalen Institute. In fact, Dick Price and John Perry were friends and collaborators. Of course, John Weir Perry was a Jungian analyst, and the Diabasis House process was structured on Jungian psychological principles. Nonetheless, in actual practice, the process that Perry implemented was very similar to what Dick was doing down at Big Sur.

Perry would cloister a person who was experiencing an extreme state in a comfortable house in San Francisco. No psychoactive drugs would be used. The person would be cared for by an empathetic group of non-professional support people, who would listen to what the person had to say about their experience. According to Perry, this process of listening activated the “self archetype” which would gradually heal the person over a period of about two months. Applying his Jungian perspective, Perry was able to trace a clear archetypal trajectory, based upon the reports of people working through their experiences. But from a purely practical perspective, the process that

was followed at Diabasis was quite similar to Dick's practice, and the results were similarly positive.

Dick Price also used an eclectic mixture of other practices that facilitated the healing process. Since Dick had been influenced by Reich, he included bodywork and movement into his practice. Rolfing was very popular in the '60s and '70s. Massage continues to be an excellent method to facilitate body awareness. Similarly, movement practices like T'ai Chi and dance became closely affiliated with Gestalt Practice. Dick Price was an avid hiker, and wilderness practices were integrated into to his Gestalt Practice experience. Dick actually did Gestalt sessions with people who hiked with him. And Ecopsychology has become affiliated with Gestalt Awareness Practice. As a young man, Dick Price was befriended by the poet Gary Snyder while Dick lived in San Francisco. Several years after Dick's death, Snyder published a collection of essays entitled "The Practice of the Wild." In Dick's practice, re-connection with the natural environment was crucial for the re-stabilization of a disoriented psyche.

So the totality of Dick's method of practice included all of these modalities. Meditative practice, bodywork and movement practice, and Gestalt oriented awareness exercises — these were all combined with some form of entry into the natural environment — in order to fully re-integrate a psyche that had been launched upon its own shamanic path of healing. *[Chris commented that she remembers Dick often saying that good food, availability of physical exercise and bodywork, being in natural beauty, being integrated with people who are grounded and contactful — these were some of the key components that Dick envisioned in his initial concept of Esalen as a place for moving through extraordinary states. Dick also often quoted R. D. Laing as saying that the best sitters for people in process were young women in their early 20s, because they are*

naturally nurturing with the flexibility of youth — that is, they don't have many ideas about how things should be.]

How can this formula be implemented, today? What would a program look like for a GAP peer-managed facility? How could GAP be implemented outside of the environment that Dick created at Esalen?

The first task is to re-create a Gestalt Awareness Practice community. It must be remembered that this is a communitarian awareness practice — not a form of psychotherapy. A GAP community requires a leader, or a person who has extensive experience teaching the practice. Chris Price has this kind of relationship with the new Tribal Ground GAP teaching community in Aptos, California. The GAP leader serves as both the manager of the community and the primary teacher of awareness practice. Gathered around the leader, there will be a group of Gestalt practitioners who have developed varying levels of skill. This group may resemble a residential community, something like what Esalen Institute was during Dick's tenure.

At a basic level, any recovery facility requires a residence — a property or building with residential practice rooms, where people can live for a period of time while they go through their shamanic journey. Because it was an old hot springs resort, Esalen had a convenient mixture of housing. But nothing that big is required. John Weir Perry found a suitable multi-storied house in San Francisco that was adequate for the Diabasis program. Some care is necessary in selecting a residence. There must be sufficient isolation from neighbors, so residents will have the liberty to make a lot of noise while they ventilate their feelings. An isolated suburban area may be the preferred location for a residential GAP community. But that doesn't preclude an urban setting, as Diabasis House proved. Ideally, there should be ready access to a natural environment, allowing for walks or hikes. In a city like San

Francisco, a location with access to the Presidio or Golden Gate Park would be satisfactory.

Staffing is perhaps the most important aspect of an effective facility. A relatively large number of people must be available to provide the comprehensive presence required by an individual who is experiencing an extreme state. The recovery facility can be conceptualized as a Gestalt Awareness Practice teaching center with many non-professional practitioners available. Gestalt groups can be open to the public, and potential staff members might be vetted through their attendance in these groups. Sitting with residents might become part of the community practice — or the GAP training. Not everyone makes an effective group leader. And not everybody with an interest in Gestalt would necessarily make an effective staff member. Qualities like emotional stability, dependability, empathy and presence would distinguish appropriate staff members. The staff members who provide critical support should not be psychotherapists. However, a certain level of training would be necessary to ensure that they are able to provide protective and empathetic reflection, without analysis or judgment.

The program offered to residents should pretty much follow what Dick Price did at Esalen Institute. There should be a sequestered period of about two-month duration, during which a person could work through their shamanic healing process. Continuous staff support would be provided during critical stages, in the same way that Dick provided “sitters” at Esalen. Guided awareness practice and Gestalt process would be offered when appropriate. Movement exercises, massage, T'ai Chi instruction and hiking would be available. But the most important feature of the program would be the fundamental principle that it should not involve any form of diagnosis, medication, or analysis. GAP is an awareness practice, and all activities at

the facility must be understood as practice, like a sophisticated form of meditation.

The residents or clients should have a thorough physical examination prior to entering the program, and their physician should be available for immediate contact in case of an emergency. Clients should be made to understand that they are entering what amounts to an intensive shamanic retreat, rather than a psychotherapy program. All clients should execute a carefully drafted release from liability, before becoming a resident.

The facility will need a thoughtfully worked-out business structure. There are several options to consider. The first option might be to organize the facility as a nonprofit corporation with 501(c)(3) tax exemption, which would enable contributors to take tax deductions. This would allow fundraising from friends of the program. However, it would also entail a major administrative effort, as well as continuing governmental oversight. Another option would be to organize the facility as a subsidiary of an established foundation, although this would require considerable networking and similar administrative burdens. Perhaps a better option would be to forego extensive fundraising and run the facility solely on fees and contributions from students and clients. This could be accomplished by organizing the facility as a much less complicated limited liability company. However, this option would require a predictable income stream in order for the facility to be sustainable. No matter how the facility is organized, careful compliance with government regulations would be essential for success. Compliance with zoning and licensing standards will be necessary. Good working relationships must be established with county or city government regulators. It is much easier to initially establish good community relationships, rather than try to repair the damage caused by ignoring regulations.

It is important to emphasize that a GAP facility is not a center for psychotherapy. Instead, it is a residential community center for teaching, practicing and supporting awareness practice. An explicit analogy can be made to a meditation center. Residents and staff mutually support each other in a shamanic process for the development of self-awareness.

Setting up and running a successful program takes a lot of difficult work, over and above the challenge of sitting with people in process. But it has been done before. There are successful precedents. Dick Price did it at Esalen Institute in Big Sur. John Weir Perry ran a successful urban program in San Francisco. And the Agnews State Hospital study proved that the process works. Awareness practice takes place in the realm of the possible.

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Here is a reference to the Agnews State Hospital study. — Rappaport, M. “Are There Schizophrenics for Whom Drugs May be Unnecessary or Contraindicated?” *International Pharmacopsychiatry* 13 (1978) p. 100; available online at:

<http://psychrights.org/research/Digest/Chronicity/contraindicated.pdf>

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Dick Price

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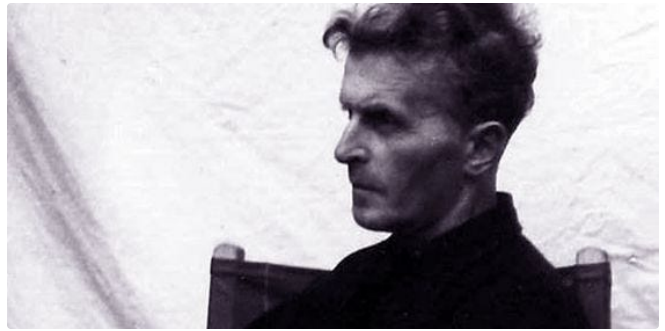



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