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The first 25 years of the British Gestalt Journal are being marked by an innovative conference hosted by the United Kingdom Association for Gestalt Practitioners (UKAGP) this summer (30 June–2 July). Instead of the usual programme of keynote speeches, international contributors with long associations with the Journal have been invited to write papers on aspects of contemporary Gestalt theory and practice. These articles have been peer reviewed and are published in this special issue of the BGJ, and made available for download to conference attendees. All those attending will have the opportunity to engage with these papers beforehand. Themes of interest will be identified and chewed over during the conference through ‘World Café’ facilitated conversations, informal discussions and emergent workshops. Hopefully supported by what happens at the conference, contributors will write follow-up papers which will be published in the next issue. This is an experiment in the true spirit of Gestalt, which celebrates all the processes involved with the production of the BGJ and its place within the Gestalt community of writers, readers, practitioners, students and theorists. A process-led conference of this nature, however, is not an easy one to put together and we are hugely grateful to the UKAGP, in particular to the many people involved in their Conference Organising Committee, chaired so ably by Liz Beauchamp, for being willing to host this celebration, for taking on board the vision and for all the hard work they have put into it to make it a reality.

The conference contributors are Peter Philippson and Gaie Houston from the UK, Lynne Jacobs and Joe Melnick from the USA, and Margherita Spagnuolo Lobb from Italy, and we appreciate their willingness to accept this challenge! The brief they were given specified the process but not the subject, with each of them being invited to write on a topic of their choice in relation to contemporary Gestalt practice. These contributions in fact contain much that connects up and resonates between them. Reading them is like looking at the facets of a relational prism, or perhaps the unpacking of Gaie Houston’s idea in her commentary on ‘response-ability’ as therapy being about developing the skills of being fully alive in the world. Peter Philippson differentiates what he sees as three levels of competency therapists pass through, with the most fully developed Gestalt approach being that of working relationally with what is being co-created between therapist and client. Lynne Jacobs suggests that from a Gestalt perspective, the idea of enduring relational themes is more compatible than the analytical concept of transference. Joe Melnick’s contribution draws on his many years’ experience with the Gestalt International Study Centre, and focuses on addressing conflicts in the field of social change – surely more relevant than ever in our world today. Margherita Spagnuolo Lobb’s paper continues the relational theme by looking at the aesthetic of the co-created relationship between client and therapist – more of a dancing together than an individualistic focus on boundary disturbances.

At any one time we are working with a number of authors in the process of preparing their work for publication. This can sometimes take several months, and we wanted to make sure we left room for some of these articles as well as the conference papers. Vikram Kolmannskog’s paper is an account of a research study which applied a Gestalt approach to a group of Norwegian humanitarian workers addressing communication and stress issues. Marie-Anne Chidiac’s article is a contribution to the growing literature on Gestalt and Organisational Development from a relational perspective. Sheila Antony is a senior Gestalt practitioner from Brazil, who writes about her practice with parents and children in her work within the context of the public services. Finally, Frans Meulmeester from The Netherlands reviews the multi-authored book edited by Jean-Marie Robine on contemporary Gestalt approaches to the theory of Self.

Many people have been involved in reviewing and preparing this issue and we appreciate all the help and support that you have given. We have recently expanded our editorial team and have welcomed three Assistant Editors: Di Hodgson, Hilary Holford and Beth Newton. Alice Gale-Feeny, who has been my Editorial Assistant for the last three years, will be moving on at the end of June to live in France for a few months while developing her career as an artist. She has seen us through the development of our new website and contributed in many ways to the day-to-day running of the BGJ. Her creative input has made a huge difference and been much appreciated. We wish her all the best for the future.

Christine Stevens, PhD
Editor
Three levels of training

Peter Philippson

Received 11 January 2017

Abstract: I distinguish three stages that, in my experience as a trainer and supervisor, trainees and beginning Gestalt psychotherapists go through on their way to understanding the Gestalt approach: reflecting the client, paying attention to their own experience, and speaking to the relationship. I discuss these levels in relation to Gestalt theory and Daniel Stern’s writing.

Key words: training, Gestalt, supervision, Stern, relational, intersubjectivity, self, egotism.

Introduction

In this paper, I want to speak to a formulation I have come to over many years of training and supervising trainees, outlining a path that many trainees tread on their way to becoming qualified Gestalt psychotherapists. I am also aware of some, even qualified Gestaltists, who have not, in my opinion, travelled the full path, seemingly with no awareness that there is an issue here. My hope is that putting words to the sequence will support trainees, but also trainers and supervisors, to hold a sense of where they are on the path.

I also want to chart these three levels in relation to Gestalt theory and Daniel Stern’s (1985, 2004) understanding of intersubjectivity.

The three levels

Level 1: Being there for the client

When people first come into Gestalt training, especially if they have had a background in counselling, their understanding of the work is usually to listen to clients, to reflect back what they hear, and to help the client as a professional listener. This is often a useful way to be with clients, and is certainly an important training stage because people cannot move on to more complex ways of meeting the client until they know how to simply look and listen. However, from a Gestalt perspective, it has serious limitations. It can be very useful if the client is facing a novel and complex situation in their lives, and basically need time and a listening ear as they talk through their feelings and options. Any clever interventions by the therapist in this situation are likely to get in the way of, rather than support a resolution. If the issue that brings the client to therapy is, however, a continuation of a fixed historical way of being that is habitually kept out of awareness, then the person-centred assumption, that the client knows best what their situation is and what their motivation is in the situation, is wrong: in that place almost anyone can see them more clearly than they see themselves precisely because they are keeping much of their activity and experience out of awareness because they fear the implications of staying aware (see, for example, Alice Miller’s book, Thou Shalt not be Aware (1985)).

Level 2: Paying attention to their own experience

At some stage in their training, trainees discover an expectation that they pay attention to their own process and experience, and move into the second level. They often find this difficult, as it implies that at some times they need to pay less attention to what clients are saying, and they are not quite clear what this will add. So they tell them about themselves, their body sensations, their feelings, but often in my experience as a trainer, examiner and supervisor, without much sense of what this means in terms of Gestalt therapy. At worst, they take this as a permission to tell the client how they think they are wrong, usually clothed in the language of feelings, e.g. ’I feel uncomfortable hearing you say you are no good. I am glad to know you.’ Put otherwise, the client says he always feels wrong, and the therapist says ’No, you’re wrong!’ Or the therapist can find a workaround, actually staying at the first level, but phrasing it as if they are at the second level: ’I’m really interested in noticing that you …’. At best, the therapist can get a sense of how the client impacts him or her, and can use this as information on how the client might function with others. This can be a
step forward from the first level, although it can be used in a way that is actually more alienating and less useful for the client. There is nothing at all wrong with a trainee going through this level, and in many cases it is an inevitable part of developing a Gestalt view of the therapeutic relationship. Unfortunately, in my experience of supervision and being a guest trainer or examiner, some therapists never get beyond this stage, and sometimes they complete their training with little understanding of how to determine what is important to speak about.

Level 3: Speaking to the relationship
The third level is the level of emergent relationship. This is the one that is distinctively Gestalt. What is happening in the contact, who are we becoming with each other? This is the level at which I pay attention to myself-with-you and to my perception of the client-with-me, taking these as information about our relating and also as steps in our relating, not as objective statements of the client or me. This is true even if clients are telling me things about their lives outside therapy: what they tell or do not tell and how they tell it, how they look at me as they tell it, are all about us engaging together. I know that what people see of me and what I see of them is very dependent on what we are doing together. So people in different parts of my life (family, clients, trainees, friends, aikido colleagues) will form an ‘intersubjective matrix’ (Stern, 2004) or, in Gestalt terms, a self/other boundary process, in which we know ourselves and the other in a way that is consistent with that moment in space–time and our intentionality in being together here. At this level, my self-disclosure is totally grounded in an intentionality of our being-together, not random.

Stern and Perls on these levels
When I teach Stern’s developmental theory, I start with the domains of self that he proposed in The Interpersonal World of the Infant (Stern, 1985). I point out that they correlate with, and show the significance of, four levels of therapist engagement with the client. Thus emergent self, the primordial and playful sensory and motor discovery of the world, is best supported by being alongside, not continually trying to engage directly with the other. With my own babies in that self mode (called id in Gestalt self theory), and with my clients sometimes when in the same mode, I am being the friendly but undemanding ground to their looking around. I would want to do this particularly with clients who jump into me being their only focus and have little sense of their surrounding physical ground. They then have ‘nothing to bring to the table’ and are dependent on me to give their life a shape. Their ability to explore and learn autonomously, and to bring that learning to their engagement with others, is then impaired. If I speak about what I notice with them, or about my own experience, it would take them away from that place, so I would only do that if I judged that there would be some advantage to taking them to a different domain at that time, e.g. if they switch their attention to me, or defocus their eyes. (One of the great advantages of classical psychoanalysis is that the analyst leaves silent space for this, and is not even in their eyeline, although the client has maybe less possibility of looking round the room.)

In terms of the training levels, my primary orientation is towards what we are enacting relationally, and those considerations (experienced at a bodily level at least as much as on a cognitive level) will be determining whether it is appropriate to go to any of the other levels with the client, or even whether I will actively engage with them. In terms of the Perls–Goodman theory of self (Perls, Hefferline and Goodman, 1951/1994, pp. 149–161) (hereafter PHG), it relates well to the self function id, and it gives us both time to withdraw into this vital mode of functioning.

Stern’s core self, as a coherent sense of an agentic, embodied ‘I’ emerges as separate from ‘other’ (and so is able to find a way to be with the other), is supported, as most parents know instinctively, by my mirroring and showing an interest in the person who is showing themselves to me. In this domain, the client is trying to make sense of themselves in relation to the world they have been exploring (in Gestalt terms, it is ego functioning). Again, they have no particular interest in knowing about me while in this domain, rather being supported by knowing that the significance of their experience is held at a level wider than themselves, that they are being seen and known in their core self-process. Here I will be choosing to engage at the first training level out of considerations from the third. I would be particularly likely to want to engage at this level with clients who have had little experience of being seen in a supportive way, and have no assimilated validation of themselves as significant to others (which will also relate to their ability to show other people their significance to them).

Stern’s subjective self, getting to know the other as a being similar to themselves, and with whom they can make an interpersonal relationship, is the domain which requires the therapist to directly show themselves and their being-with the other. Now just standing alongside or validating the client is not enough, and is even inappropriate, guiding the client away from exploring his possibilities for making relationship. The client might have a lot of self-knowledge, but have very little idea of the domains of relationship, friendship, doing things together. He will have little sense of
what Gestalt theory calls personality functioning used in a way that allows him to be known by the other in an ongoing way, or to know the other in that way either. It is worthwhile being aware that Stern’s later work and research findings show that this subjective self is present much earlier than in his original formulation: ‘Beginning right after birth, early forms of intersubjectivity can be seen in infants. This argues for the fundamental nature of the intersubjective matrix in which we develop’ (Stern, 2004, p. 83). Thus the assumption that the fundamental basis of human development is intrapsychic, to be supported by mirroring and validation so that intersubjectivity can develop later, is turned on its head. The core self grows out of relational engagement from the earliest times.

Stern’s verbal self is supported by talking together, discussing themes, asking questions, elucidating meanings. It is a primary mode of therapy in psychoanalysis, but has very limited use in a Gestalt approach. I very rarely ask questions of clients, because they put me in a role with the client that I am not happy with and which does not seem horizontal; and also because they mainly elicit answers and facts, which in a Gestalt mode do not of themselves promote change.

**Awareness and egotism**

The situation is made more complicated by a linked problem in training. There are two theoretical words in Gestalt therapy which are frequently, in my experience, confused. One is ‘awareness’, active interest and attention-giving leading to energised figures of interest: this is described in PHG as a vital part of contacting; the other is ‘egotism’, standing back from the activity and describing or commenting on it: it is described as an interruption to contact. In egotism, what we do is a piece of data reported to another (either because it is seen by the client as something the therapist wants, or because the client wants to pass the problem on to the therapist), not an action of ours which is open to change. Egotism, characterised by the distancing locution ‘I am aware that …’, is useful in a psychoanalytic mode, figuring out why we are acting in the way we do. The Gestalt critique of psychoanalysis is that this does not in itself lead to change. The theory of the ‘safe emergency’ becomes the model for change rather than cognitive understanding:

As the contact becomes closer and the content becomes fuller, [the patient’s] anxiety is aroused. This constitutes a felt emergency, but the emergency is safe and controllable and known to be so by both partners.

... *But the point is for the patient to feel the behavior in its very emergency use and at the same time to feel that he is safe because he can cope with the situation.* This is to heighten the chronic low-grade emergency to a safe high-grade emergency, attended by anxiety yet controllable by the active patient. (PHG, pp. 64–65, italics in original)

This model of change has been well supported by modern research, leading to a neuroscientist, Louis Cozolino, writing that ‘[A]lthough Gestalt Therapy is not widely practiced, it is a unique expression of psychodynamic therapy that is particularly relevant to the notion of neural integration’ (Cozolino, 2002, p. 60). Yet if we change the active awareness that is central to this approach to egotism and passive observation, we are moving away from this powerful understanding of change.

For more on the issue of thinking in Gestalt therapy, see my chapter ‘The Mind and the Senses: Thinking in Gestalt Therapy’ (Philippson, 2012, pp. 215–223; Philippson, 2011).

**The difficulty of holding the third level**

In our cultural and folk-philosophical situation, it is difficult to hold on to this level, where I become *I actualising in relation to the client* and the client becomes *the client actualising with me*. It loses a certain safety net, an objective-me that I can fall back on, the fixed personality functioning that I can apply to my life. It also takes away from the solidity of the client, a sense that there is an objective client-with-a-problem that I can attune to and help. It is, to me, no surprise that therapists move away from this level, and that they become interested in other ways of being with a client that are closer to Rogerian or cognitive behavioural therapy, or to the more mirroring aspects of self psychology. For all of these share a view of the therapist as an essentially benevolent helper, carrying out their function in accordance with the methods of their therapy, while the client might struggle but essentially takes what is offered or not. Conversely, for Gestalt therapists and psychoanalysts, this is not the case. While the client comes for help, he brings to the therapy many experiences of looking for help or support that lead to pain and disappointment, and also to anger and shame. It is like those behavioural experiments with rats, who have to press a lever to access food, but the lever also activates a shocking electric current. If this ambivalence is not recognised, the interaction between the therapist and the client cannot be understood. If it is recognised, then the issue that brings the client to therapy is not one to be discussed ‘out there’ but is taking place (actualising) right here and right now, where we can both work with it.

Classical psychoanalysis and Gestalt therapy see this in different ways. In classical psychoanalysis, this complex relating is seen as the client’s transference to be interpreted to connect with the historical narratives...
still playing out in the client's life. In Gestalt therapy, it is understood rather as a way to bring a fixed relational process, which built up relationally and is maintained relationally, into the therapy room, where we can notice ourselves building up the same process together, and then play with finding new possibilities for being ourselves, finding a new dance together. This has been beautifully described by Gianni Francesetti and his collaborators:

Psychopathology is not simply subjective suffering. Psychopathology is the suffering of the 'between' – not in the between but of the between. The effects of the suffering of the between (of the contact boundary), of psychopathology, can be felt by anyone standing in the relationship: the other or a third party. (Francesetti and Gecele, 2009, p. 6, italics in original)

Conclusion

This classical Gestalt therapy approach is challenging for both client and therapist, yet the challenge is also in my experience a source of excitement and hope. It stops being just the client's problem, and allows for a more horizontal relationship. It does not require therapists to show themselves as better at living, or better people, than clients (which is fortunate because there is little evidence that we are), but that we are experienced in holding contact even when anxious, and are able to use the supports around us – physical supports, breath, supervision, training and theory – to be able to hold the relationship with ethics and commitment wherever it leads.

I want to end with the (for me) inspirational example of work with a client who showed what could be termed a schizoid process. Relationally we could engage happily and energetically on a cognitive level, with little sense for either of us being physical or emotional beings. There was little sense for either of us about how we might find a different engagement, so I kept slipping back into cognitive mode. So for me that incapacity was the current most important part of our therapeutic relating and needed to speak to it. I told the client that I did not think that I was offering him good therapy, because I was tending to stay in the area that was familiar to him. He asked me whether he was a very difficult client. I said that was not really relevant – I had accepted him for therapy and could be expected to work with his familiar process, not call into it. He was relieved because he thought that I might throw him out. I replied with a certain amount of energy that, far from that, maybe he should consider throwing me out! At this his eyes softened and he started crying. Our relational possibilities were very different after that.

This is an example of the kind of relating that I want Gestaltists to have available in their work and understanding. I have found that naming the three levels can provide support for people to extend their Gestalt 'map' in a way that allows them to operate this way.

References


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Hopes, fears, and enduring relational themes

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Received 1 December 2016

Abstract: Gestalt therapists have struggled to import insights from psychoanalytic understandings of transference into the practice of Gestalt therapy. However, we have also realised the limits and historical baggage associated with the concept. I recommend a practice and a supporting set of ideas around a concept of ‘enduring relational themes’ (ERTs) as an adequate and epistemologically congruent replacement for transference. After exploring some of the difficulties of thinking in terms of transference, I will elaborate on the concept and clinical utility of working with ERTs. The ERTs are evident, and best worked with, as they show up in the therapy process, primarily in the hopes and fears clients experience regarding the therapeutic relationship.

Key words: enduring relational themes (ERTs), transference, Gestalt, therapeutic relationship.

Introduction

Over the years, Gestalt therapists have struggled to import insights from psychoanalytic understandings of transference into the practice of Gestalt therapy. Gestalt therapists have done so because explorations of transference in the psychoanalytic literature have yielded often very rich understandings of clinically relevant relational processes – especially those that occur over time.

However, they have also realised the limits and historical baggage associated with the concept. On the one hand, Gestalt therapists prize spontaneity and freshness. We focus on the immediacy of the here-and-now contacting between the therapist and the client. On the other hand, we find that freshness and spontaneity are hard-won gains, and that repetitive, enduring modes of engagement between ourselves and the client often impose stultifying limitations on the range and freedom of contacting that is possible in the therapeutic relationship (and in our clients’ lives). We find we cannot just sidestep the repetitive, enduring modes of engagement. As I noted above, it is working with these very modes of engagement, these contacting processes, that is the ‘meat and potatoes’ of psychotherapy. From out of this conundrum I have developed from integrating insights into Gestalt therapy from some contemporary psychoanalysts who write about transference in ways that are more closely aligned with Gestalt therapy than they are with the traditional psychoanalytic canon.

We know that our forebears, the original psychoanalysts, had something to say about those repetitive and enduring modes of engagement. And yet we also know that there are problems with simply trying to import those psychoanalytic ideas about transference and countertransference into the different epistemological, philosophical, and clinical system of Gestalt therapy.

Gestalt therapy tries to make use of transference

Some years ago, Peter Philippson opened his article, ‘A Gestalt Therapy Approach to Transference’, by posing the question: ‘what is the meaning of transference in Gestalt therapy?’ (Philippson, 2002, p. 16). Five years later, Colin White tackled the same question in Beyond transference (White, 2008). In the years between, Joe Melnick explored the therapist’s transference, called countertransference (Melnick, 2003). Of course, the concepts of transference and countertransference have popped up in various Gestalt therapy books and articles over the years.

Attempts to modify the concept of transference to suit Gestalt therapy have been only partially successful. The descriptions of which I am aware describe
transference phenomena as fixed gestalts, which I believe is an oversimplification. But the bigger problem comes with other ideas that they take up. For instance, Joel Latner states:

If the patient deals with the therapist as though he is the patient’s parent, he is not in the present, with the therapist, and his behavior indicates a block in his awareness – he cannot distinguish between the fantasy of his father and the reality of the therapist. (Latner, 1987, p. 139, cited in White, 2008, p. 8)

This statement assumes there is confusion between past and present, with the client acting as if Latner is his father. Latner was assessing the client’s experience very similarly to that of traditional psychoanalysis: the client is stuck in the past, projecting his past on to the present situation. But Gestalt therapy is more forward looking; every moment is a creative adjusting to the current and coming moment. The contacting process and the gestalt formation process anticipate and intend towards the next moment. Thus, habits of engagement are not stuck in the past, although they build on the past. They are creative, in the sense that no particular habit is used in all contacting. Someone who engages predominantly with habitual modes is still creative in choosing to use the most adequate habit among all one’s possible habits. Every moment – even one dominated by a habitual mode of engagement – is relatively creative and present-centred.

Thus, I suggest the possibility that Latner’s client regularly engages with others – perhaps male others such as Latner – with a mode of engagement that protects or supports the client’s living toward the next moment. He uses his available resources, given what skills he has developed in the course of his life, and what resources the situation offers. There is no confusion about past and present. Rather, a skill learned when young, repeated with success over time, is applied in this situation and similar ones. From the client’s perspective, perhaps there is something about the situation of therapy, and/or with Latner, that might well have similarities with the client’s life with his father and supports him to relate in a familiar mode of self-protectiveness.

Melnick, whose clinical examples are lovely demonstrations of therapeutic humility, nonetheless sees countertransference as a projection: ‘an organized series of projections that are relatively fixed, not phenomenologically based in the present, and originating in the past’ (p. 41, italics mine). Once an experience is assessed as a projection, and/or not based in the present, it becomes disqualified as a serious comment on the state of the relationship. It is assumed to be a distortion. That concerns me, in that:

… the idea of projection establishes a hierarchy of truth. The implication is that the patient’s assessment of reality is distorted by some disturbance of contact function and awareness, whereas the therapist’s own assessment is not (for if the therapist is projecting, then he or she cannot ‘know’ that the patient is projecting). Hence, there is an implicit establishment of a power imbalance, in which the therapist is claiming to have a more ‘accurate’ view of reality. (Jacobs, 2012, p. 60)

This is clinically problematic in that it closes the door on learning from the client just how you might be engaged in a way that matches or partly resembles the client’s experiential history, which is being remembered (bodily if in no other way) presently. Sometimes Gestalt therapists acknowledge that ‘every projection has a hook’; there is something that the therapist is doing, or saying, or a way they appear that might resemble someone in the client’s world. What I have not heard these therapists say is that they recognise that they have the potential, therefore, to be hurtful to the client in the same way the client has been hurt in the past – and of course, we are capable of that (in fact, it is likely inevitable, given the client’s vulnerabilities and our similarities to other people in their lives)! The mere fact that we are people who have agency, and are free to act in any way we choose, is a similarity that we all possess, and that can easily make us a threat to our clients.

Secondly – referring back to what I italicised above – claiming that an experience is not based in the present is an epistemological impossibility. From a field theory perspective all experience is emergent from the currently experienced situation, and is therefore present-centred. And all experience originates in the past, in what has come before it, as Staemmler (2011) has clearly explicated.¹ Laura Perls (1992) spoke of the past and the future:

… [the] emphasis on the Here and Now does not imply, as is so often assumed, that the past and the future are unimportant or nonexistent for Gestalt therapy. On the contrary, the past is ever-present in our total life experience, our memories … and particularly in our habits and our hang-ups. … The future is present in our preparations and beginnings, in expectation and hope, or dread and despair. (Perls, p. 149ff., cited in Staemmler, 2009, p. 198)

Philippson’s paper (2002)² also asserts that fixed gestalts are then projected on to the therapist – which again, I see as problematic, in that it assumes that the therapist has privileged access to what reality is, or ought to look like:

In my opinion, the greatest clinical problem of the concept of projection is that it often stops dialogue. An exploration may continue, but it cannot be a dialogue once one person’s experience has been treated as having less truth-value than another’s. Patients cannot use their experiences to offer corrections to therapists’ ideas if their experiences do not stand on an equal
footing with the therapists’ experiences. (Jacobs, 2012, p. 65)

What I appreciate (among other things) in Philippson’s article is that, as far as I know, he is the only other Gestalt therapist aside from myself who has written about so-called transference phenomena as sometimes reflecting what the Polsters often called a ‘growing edge’; a search for a new experience (Jacobs, 1992). Philippson calls that type of engagement ‘expressive transference’ (2002, pp. 19–20). He is also very clear that both transference configurations that he writes about – the defensive transference and the expressive transference – are responses to the anxieties of the present situation (I suggest the expressive transference is also a response to the positive, facilitating possibilities). His example of an expressive transference is when a client is able to show his anger at the therapist, an expressive event that had been inhibited for many years. I shall elaborate on the growing edge of contacting later in the paper. Importantly for the project of this paper, Philippson asserts that ‘no theory of transference can be integrated into Gestalt therapy which does not take into account field theory, phenomenology and attention to the present moment (including memory as one of the functions of that moment)’ (2002, p.17). I heartily agree.

All of us, from Perls, to Latner, to Philippson, Melnick, White and myself, are trying to wrestle the beast of transference to the ground. We know there is clinical utility in the idea, and we see problems with it that limit its usefulness (and, as I aver above, in its traditional definitions it is ethically problematic for relationally-oriented therapists). In 1992 I suggested that the incisive critique of traditional notions of transference offered by Stolorow, Brandchaft and Atwood (1987) moved the theory of transference directly into the here-and-now, and their definition need not even include the word ‘transference’!

Transference, at the most general level of abstraction, is an instance of organising activity – the client assimilates the analytic relationship into the thematic structures of his personal subjective world. The transference is actually a microcosm of the client’s total psychological life, and the analysis of the transference provides a focal point around which the patterns dominating his existence as a whole can be clarified, understood, and thereby transformed.

From this perspective, transference is neither a regression to nor a displacement from the past, but rather an expression of the continuing influence of organising principles and imagery that crystallised out of the client’s early formative experiences (Stolorow et al., p. 37, cited in Jacobs, 1992, p. 32).

White agrees with me that the notion of transference is no longer useable:

I suggest that as psychotherapists we move beyond transference, for two reasons. Firstly, as we have seen, the definition of the term has become so dissipated and confused that it is increasingly difficult to know what is being talked about when the term is used. As we have moved towards a dynamic, relational and phenomenological model of psychotherapy, a number of attempts have been made to adjust the meaning of the word accordingly. But ultimately the definition has expanded to include everything that happens in the therapy room. As such, I believe it has ceased to be useful to us in thinking about and talking about psychotherapeutic practice.

Secondly, and more crucially, I think that it is simply unnecessary. The complexities of human interaction – the extraordinary maelstrom of fantasy, memory, words thought and words spoken, physical and emotional response, eyes and facial expression – which the concept of transference is intended to encapsulate are not unique to the therapeutic situation, but occur in all relationships. (White, 2008, p. 13, italics mine)

I also think it is very difficult for a clinician, unless thoroughly steeped in the attitude offered above, to use the concept of transference without falling into the trap of linking it with projection, distortion, or a confusion of past and present. Clinicians often think of transference as anachronistic, as something that belongs to the past and is no longer relevant, which then sidesteps the work of exploring and understanding together just how this so-called transference reaction does make perfect sense, at this time, in this relationship, in this situation. I hope that shifting our attention to ever-present ERTs can help us avoid the traps that thinking in terms of transference imposes.

Leaving transference behind: enduring relational themes (ERTs)³

Description of ERTs

Rather than trying to import the term ‘transference’ into Gestalt therapy, I prefer instead to use some of the clinical insights but stay true to our field theory and phenomenological method. I have built my understanding of repetitive modes of engagement that occur between therapist and client on an aspect of personality function that I refer to as ‘enduring relational themes’. I shall unpack each word.

Enduring
‘Enduring’ refers to the fact that the ERTs are repetitive, have existed over time, and many – but not all – are habitual modes of self-protection (the consequences of which are usually the ones that bring clients to therapy).
What endures are embodied habits and action practices. They are modes of approach and avoidance, confidence and trust, or self-doubt and mistrust, regarding new experiences. One of my clients lapses into a leaden, confused silence at the point when he might be on the verge of revealing he wants something, or when he might say something that will bring me pleasure. His presenting issue when he first began therapy was that he was unable to speak in the company of others. So, here we are, I am the ‘company of others’ now. I have committed the occasional crime of deriving pleasure from our work together, which violates his sense of ownership of our process. A theme of mine that supports impetuosity on my part squelches my client’s sense of having his own trajectory.

Importantly, although I write about these themes as enduring, I do not think about the themes in the same way that most theories of transference do. I do not consider these themes as merely remnants of the past. They are what we have learned from our past, they continue to be reinforced through repetition, and they prepare us to move into our future. They embody what we have learned through experience to expect of ourselves and of others. They harken to original creative adjustments that remain usable, and thus have become habitual (although I would contend that each use of the habit is, to some minimal degree, a creative adjustment, in that habit $x$ rather than $y$ is being used in this given moment, and the ‘choice’ of $x$ over $y$ is the creativity that is accessible for the person in this particular relationship with the therapist and the involvement with the therapist’s personality).

ERTs guide us as we lean into our ‘coming solutions’. All contacting is intentional, as Spagnoulolo-Lobb reminds us in her book, The Now-for-Next in Psychotherapy (2013). Francesetti, Gecele and Roubal (2013, p. 74) write about contacting competencies that need to be acquired for the coming solutions. Importantly, the authors refer to the ‘relational need’ the client seeks to satisfy or to become aware of, which is always both one’s history and one’s next step. They write: “The fundamental question orienting the therapist is, “towards which relational experience is the person headed?””. This forward-leaning, moving into the next moment is what Gestalt therapy prizes. This is a good example of a growing edge orientation to ERTs. The client may be afraid of some catastrophe in the consulting room, but they also have a hope for remediation or expansion, a next step in their development.

Relational

‘Relational’ has two different references. The first points to the fact that each of our ERTs develops in, and is maintained or challenged within, frameworks of relatedness. We are inescapably intertwined with our human and non-human surround, and the totality of our experiential world emerges therefrom. What makes therapy mutative, in fact, is that what goes on in our relationship is – often enough – different from the relational surround in which the ERTs have developed and are being maintained. When we listen to a client differently from how they have ever been listened to before, when we behave differently, and we do that repeatedly, then a new ERT begins to develop, one that we hope is more experientially complex, flexible, resilient and open-ended. Earlier ERTs do not disappear, but over time, as newer ERTs develop, the more rigid, simplistic, problematic ones tend to recede in importance unless the clients undergo a particularly stressful situation. And even so, with access to newer ERTs, they gain resilience and can recover more quickly from a loss of equilibrium. When we respond differently from what the client expects, when we disconfirm their most terrifying beliefs and expectations by not acting as they expect, it is these new relational events repeated over time that make a difference in the client’s life.

A client in his fifties sought me out after seeing me give a lecture. He was drawn by my forthrightness. He longed to be able to be forthright but he was also afraid of it, both in his speech and having it directed at him. He was ashamed of his ‘unmanliness’. Since childhood, when he was dominated by a fiercely critical father, he felt too weak and frightened to speak up for himself. He was especially averse to a romantic relationship, in which he feared he would be dominated again, as had happened in his brief marriage thirty years earlier. He was also bedeviled by chronic anxiety, sometimes quite severe. He had been in a prior therapy in which the therapist was sensitively responsive to his anxiety and did his best to diminish it and to avoid evoking it in their therapeutic work. He became quite angry with me because I was not working with the same goal of diminishing his anxiety. Instead, I encouraged him to move towards his anxiety and to let us explore what would come from that. He felt hurt, abandoned, frightened, and angry and we walked through those feelings together. Sometimes we were quite messy with those feelings, especially when I became defensive (when one of my more rigid, fear-based ERTs was activated). Nonetheless, he had an experience with me of becoming increasingly forthright – especially with his disappointment and anger with me. He found that our relationship survived it and that he survived even when I became defensive. Importantly, his new sense of being able to use forthrightness as a creative adjustment even when he was frightened allowed him to enter into a romantic relationship for the first time in thirty years. He developed a new repetitive theme organised around a sense of resilience, strength, and self-worth.
In our relationship, I was not taking his cues to provide him with what he wanted — relief from his anxiety — as his friends and prior therapist had tended to do. He benefitted from my refusal, my faith in him, and my willingness to hang in through his anger, generally without retaliating.

Another client, who started our therapy like a shrunked shell, blossomed and developed a trust in her own experience after years of habitually suppressing and dissociating from her feelings. For the most part, gentle listening and my trust in her feelings as a guide, both new experiences, were the foundation she needed to reduce her tendency to react to her environment with dread of humiliation in every interaction. This meant she could engage more spontaneously, and with more satisfaction. Her body became more upright, her movements a bit looser.

The second reference for ‘relational’ is that all ERTs point to other people. Others are always implied in any theme. For instance, a client says, ‘I am stupid’. The client may not recognise this statement as implying a relationship, but recognising so can begin to open an exploration. One cannot be stupid unless there exists someone called smart. Very self-enclosed clients often forget that their ideas about themselves develop and are sustained in a relational matrix. They treat the statement as a flat truth, rather than a comparative statement.

This second reference is crucially important in the therapy process. Since the ERTs always imply an ‘other’, when an ERT becomes salient in a therapy session we might want to explore how we are implicated in its emergence. In fact, when a client is reacting to the therapist with one of their more angst-ridden ERTs, the therapist’s exploration and acknowledgement of their participation in the evocation of that theme is often one of the most powerful aspects of the therapeutic process by which a new theme that counteracts the dread-filled one can develop. As, for instance, Stolorow et al. (1987) aver, developmental trauma is not necessarily a consequence of a horrific experience, but rather the horrific experiences at the hands of caregivers mean the experiences cannot be acknowledged and redressed. The lack of room to protest, to be understood in your suffering, hardens the pain into a brittle, unhealed wound. Being heard and treated with dignity allows the injury to be integrated as a painful life experience, without falling into permanent despair.

Theme

Finally, the word ‘theme’. The ERTs we live by are thoroughly embodied, action patterns, as well as patterns of thought and emotional process. The word ‘theme’ captures the symbolic, meaningful nature of our embodied approach to relating, responding, and reacting in our worlds. Emotional and action patterns carry symbolism that can be put into words. And when therapist and client together find the right words, the right images, the right tonality, that in itself is a relational event of understanding, of meaningfulness. I think it is safe to posit that our clients, however afraid of it they may be, also yearn to be understood. Words do matter, although of course what makes the words matter in one way and not another is the tone, the body language, the attitude in which they are wrapped. Using words to capture an ERT, through symbol, metaphor, or more straightforward language, may look as though you are practising a more interpretive, insight-oriented approach, but that is not so. The articulation, the understanding and appreciation for the functionality of an ERT is a relational event. Therapist and client are living together with the ERTs differently from how they are lived in any other situation. Over time, that lived experience is mutative.

A good example of the power of meaningfulness and the conflict regarding being understood is illustrated by a client of mine, whom I shall call Peggy, whom I first saw about fifteen years ago. She has recently returned to therapy since she lost her husband and her home of forty years in short succession. She is devastated. Consequent to appalling childhood sexual abuse, torture and rejection, she believes that she is poisonous to others. Acting spontaneously risks having the slime spill out, damaging those around her, including me. She is afraid of letting herself get attached to me again, only to lose me again (she had to stop therapy when her husband had a massive stroke ten years ago, and she lives a two-hour drive away). She is often awake in the middle of the night, and she sends me texts that I respond to the next morning. Here is a current exchange:

Peggy: I’ve been struggling with a major conflict with you: on one hand I really need to be understood, especially when I have no words to explain me & feel an incredible sense of relief when you understand enough to give me those words; on the other hand, it scares me to death when you do understand. I become afraid for both of us.

Me: Understanding? Instinctively I have a sense that is scary, but actually, I don’t know what makes it scary. More for us to find words for, I guess.

Peggy: I feel as if I’ve been found out. Both a huge relief & also defenselessly incredibly frightening. You’ve replaced the demons under my bed!

This series of texts reflects the power of understanding, and putting the understanding in meaningful words (in this case). The client’s hope and her dread are encapsulated in this exchange of texts. This is an illustration of what Philippson referred to as expressive transference, and I refer to as a growing edge.
The client risks telling me of her wish to be understood, and the terror of succeeding in being understood (she will poison me, and thus experience directly the poison she tries to keep locked away). I will elaborate on hope, dread, and ERTs at a later point.

**Personality and ERTs**

Personality style is the embodiment of our ERTs, a collection of styles and modes of adjusting relatively creatively as we move along with the intentionality of contacting. Our style signals how best we can be met. The way we carry ourselves, the expressions of our personality style, are hints about our ERTs, and our style aims to protect us from the evocation of our most disturbing or dreaded themes, while encouraging others to interact with us in ways that are most comfortable for us. In other words, our personality style lets others know about permissible modes of contacting.

By describing ERTs in this way, I am not restricting them to their appearance in therapy, as some people prefer to say about transference. Rather, the structure and task of therapy provides a situation in which the ERTs of everyday life can become more visible and more clearly evoked and therefore made available for exploration and experimentation.

**Understanding ERTs**

There are different types of ERTs. Some are characterisations about oneself, for instance my client Peggy, who sees herself as toxic. Or there are themes that characterise the world. My client who had difficulty speaking up for his desires characterised the world as a cold ocean with occasional small islands of warmth. He believed that he lived in a world of scarcity. And then there are themes that reflect our orientation towards people. For instance, he believed quite firmly that people are only out for themselves. These are all examples of fixed, emotionally-infused beliefs that become centrepieces of the therapeutic process, including how we experience the therapeutic relationship.

But ERTs are not all negative beliefs and expectations. I grew up in an educated, upper-middle-class, white family. There was much dysfunction, of course; I did not escape the development of dread-filled ERTs. However, there was always enough food to eat and there was often money for special desires. That experience, along with the supports my whiteness brought, leads to a confident trust that there will be enough for me in my world as I move through my life. That confidence allowed me to take risks with my schooling and my work life.

The themes that are most intractable are those that are most foundational, the ones that provide us with our primary orienting response in our worlds (this includes trauma, especially 'complex' or developmental trauma). They begin to develop very early, are refined through the years we live independently, and continue through the course of our development unless we encounter circumstances that shake us out of our ordinary ways of making sense of our lives. They are fixed gestalts. Many of these organisations of our experience were required by our caregivers; be strong, boys don't cry; be demure, no boy will ever love you because you are impertinent; do not break out of your gender role or I will die of mortification; don't cause me trouble or I will collapse, you burdensome child. The problematic, more closed ERTs, the ones that seem to constrict one's possibilities and freedom, represent survival strategies developed in challenging environments. They are creative adjustments that became sedimented through repetition in chronically difficult environments.

A special case of a difficult environment is what I would call a totalistic environment. These are environments in which the system is closed, and from which there is no escape. There are no alternative perspectives, there is only one dominating voice. Peggy, who believes she is toxic, grew up in such an environment. Her father would sometimes brandish a service revolver and threaten to shoot everyone, but the mother never reported him. Her mother hated her. The only one in the family who showed her tenderness was her grandfather, who repeatedly viciously raped her. The world confuses her greatly, because love is corrupt, and also, she does not know 'the rules'. Without 'the rules' she cannot develop survival strategies. We use the imagery of an upside-down house. She grew up in a house where the furniture was on the ceiling and she didn't know that was different until she started to go to other people's homes. She wondered what was wrong with the other people.

When people grow up in, or endure immersion in, repetitive totalistic environments, their ERTs are extremely rigid and impoverished. They generally become narrowly focused around 'safety first'. One hard-and-fast truth may be that people are dangerous, easily triggered to violence or exploitation. In such an experiential world, where one finds danger everywhere, there is little luxury to seek out or even dare to notice alternate experiences. In such an environment, children lack the opportunity to develop emotional skills and the capacity for experiential complexity, with a resulting lack of resilient self-regulation. In therapy, the client's ability to consider a range of possible meanings regarding the therapist's intentions, motivations, or experience in the relationship will be rigidly narrowed.

Both the closed-ended and the open-ended foundational themes are intractable precisely because
they are our primary orientation to self, other, and world. They tell us what to expect (when this … then that), what dangers lie in wait, where safety and sustenance might be found. The cohesiveness of our self-regulation rests on these most foundational enduring themes. Without them we become disorganised. Thus, Stolorow et al. use the concept of ‘organizing principles’ to capture what I am calling foundational enduring themes (1987, p. 65). We know as phenomenologists that we always organise our perceiving, our sensing. We make sense, from a specific, embodied perspective. Peggy scolded me for using the word ‘belief’ when I spoke of one of her most demeaning statements about herself. She said it is not a belief, but a fact. I admitted I understood that she and I had differing perspectives. I was at a loss because I could not speak of it as fact. In a spiralling wave of fear she said that if she did not treat her statement of her toxicity as fact, she had nothing! That was her centre. I said that my saying ‘belief’ implied it was something that could be changed, that I wanted it to change, and therefore I was ‘disappearing’ her. She agreed. This exchange illustrates how our foundational ERTs – even the most brutal ones – support our organisation of experience. They support our regulation of ourselves, however narrowly.

The relationship between hope and dread

Hopes and fears, configured in ERTs, comprise the background of our life choices, passions, ambitions, relationships, etc. They also shape the therapeutic relationship. While the hopes and fears may be more background for the therapist, both parties to the therapeutic dialogue are engaging in ways that they hope will satisfy their hopes and minimise their dread. In fact, in the Melnick article I mentioned above, he provides examples of his own ERTs and how they became activated and clashed with the developmental direction of the clients’ hopes. Part of my motivation for working as a therapist comes from the joy I feel when, just by being myself, my contact with another person improves their existence. This joy speaks to both hope and dread. I have dreaded (though much more rarely now) that my existence was toxic to others. So, finding that my ordinary being actually sometimes enhances another’s life is the hoped-for redress:

Patients enter therapy with a volatile mix of hope and dread. When therapy is sought only after many other attempts at solving life’s challenges have led to naught, patients view therapy as their last recourse. A sense of urgency pervades the description of their problems. If therapy does not work, they do not know where they will turn. They must reveal their ‘failures’ to a total stranger. They do not know whether or not this stranger will scorn them, be kind to them, like them, or perhaps be indifferent to them and their sufferings. The patient is often awash in dread and shame, and usually unable to speak of it, because the relationship is so new and frightening. …

The first meeting with a new patient is not an easy time for the therapist, either. The therapist is vulnerable to self-doubt and shame-anxiety in the initial meeting: will I be able to help this patient? Will I be able to feel feelings and have an attitude toward this patient which will be beneficial to this patient’s treatment? Will I be able to like or respect this patient in a relatively consistent manner? Or perhaps my work with this patient will confront me with how woefully inadequate I am, and even worse, how cold-hearted (or jealous, angry, etc.) I am, such that I do not have the necessary human qualities to be in this business. (Jacobs, 1996, p. 297)

Hopes and fears co-mingle in ever-shifting foreground/background constellations. They are part of the ground of any forming figure. At one moment, wishes, longings, desires regarding the therapist or the therapeutic relationship may be more figural; at another moment, the dread becomes more figural. Sometimes the foreground/background shift happens suddenly and can be disorienting. Miriam Taylor describes how therapist and client may be swung to and fro in work with clients who are often triggered into traumatised states:

For both sides of the therapeutic dyad, the other has the potential to evoke uncontainable reactions. The client brings their fear, helplessness, disconnection and shame to the heart of the relationship; those organizing principles that risk being re-enacted when there are insufficient alternatives in place. … Tracking shifts in the client’s experience can be demanding because at one moment the therapist represents safety, validation and even rescue – the resolution of deep yearnings for connection – and in the next moment the therapist may be seen as a controlling abuser. We inquire into the client’s process and are perceived as intrusive, we hold back and are neglectful (Taylor, 2014).

Essentially, the relationship is being tested throughout the therapy. Clients hope for something new to occur, while dreading something familiar, be it judgement and shaming, rejection, retaliation, cold defensive attempts to coerce them into behaving properly, etc. All contacting in the therapeutic situation carries some implied questions, such as: do you judge me? Will you attempt to understand me? The most basic, most vulnerable question is, do you welcome me?

The hopes and fears that the client has of the therapeutic relationship are doorways to finding meanings that are the ERTs. For instance, when Peggy first started in therapy with me she often squinted, her eyes moved quickly from side to side, her shoulders
hunched and she held her breath when she described such things as her inability to open her heart to her husband and her children. This reflected not only her belief that she was toxic, and might therefore inadvertently poison me, but also her expectation that I would recoil in disgust. As she began to catch on that I was not reacting as she expected, powerful frightening yearnings emerged. She hungered to be in my presence much more often than she was able to be. These yearnings were an expression of her hope for something different, but they also represented a danger for her. She thinks she must be foolish to be putting her trust in me when her ERTs tell her that no one can love her without destroying themselves or corrupting her.

Another doorway is a client’s passions. The passions are often examples of the client’s ability to develop interests that can be an antidote for, or rebellion against, or redress of, the dread-infused ERTs. There is something life-affirming about passions that are antidotes. I once ran a workshop in which the participants and I spoke of what attracted us to become Gestalt therapists. In each attraction we discerned a hope-filled longing for a new experience that could provide a counterbalance for a more limiting, fear-based, development-inhibiting ERT. The learning and practising of Gestalt therapy did provide new, more development-facilitating experiences.

It is not uncommon for the frightful ERTs to emerge in response to having had a moment in which a longed-for relational event occurred. Some clients may fear that they will let down their guard only to discover they were wrong to assume that the therapist had goodwill toward them or valued them in some way. The dashed hopes would be worse because now they are more vulnerable. For another client, they may worry that every time they experience the therapist’s welcome of their vulnerability, or rage, or their longings, they will lean into the therapy even more, and the next movement will be the therapist’s breaking point. They worry that they will not know how to find the therapist’s limit.

**Working with ERTs**

I quoted Francesetti et al. above, saying that they are looking for what relational experience the client seeks. My question for myself, emerging from the dialogic attitude, is: how is my being-with the client facilitating or inhibiting our next step in our dialogue? And how am I inhibiting or facilitating the client to risk that next step? The therapeutic relationship as a setting in which development is facilitated happens over time. And it very much depends on the therapist’s ability to welcome the client’s hopes, longings, and yearnings while at the same time being sensitive to the fears that inhibit or tangle the expression of those hopes. The client will have to cycle through many experiences of hope and fear. They will have to cycle through the activation of their fearful negative ERTs repeatedly. They may react to that activation with disappointment, rage, withdrawal, depression. Each time the therapist can see the thwarted longings that brought the more fearful and negative ERTs to the forefront again, the hope-facilitating dimension of the relationship gains sturdiness and resilience.

As clients develop more confidence in our capacity to welcome their hopes and their fears (and their disruptive reactions to their hopes and fears), they are able to trust us with their vulnerability, their shame, and their most disturbing ERTs. This is how our sensitivity to their hopes for a different relational experience is facilitative. Our welcoming of their hopes and of their darkest shame and fear is the different relational experience. I try to listen for what kind of receptivity clients need from me in order to develop this kind of trust in our sturdiness and resilience. One client may need to hear me speak firmly, another may want me to speak gently, or to be very still for much of the time. Another client may trust me if I use humour, whereas another would feel humiliated if I did. Some clients feel safer if I am casual in my manner, sitting back in my chair with a relaxed posture.

Our aim is not to rid clients of their most closed-ended ERTs – that is a fool’s errand – but rather to live together in a (more or less) different relational experience, repeatedly, until it becomes solidified enough to support clients to have more flexibility in how they make sense of and move through their world. They develop ERTs that contradict the earlier ones. The earlier ones are no longer the only options for coping. I have two memories of my early years as a faculty member that stand out to me as touchstones. In these cases the touchstones are reminders of what I do not wish to do. The first was when my co-leader asked a trainee, ‘How are you confusing yourself?’ In that instance, the trainee was being told that her situation was entirely of her own making rather than a shared dilemma. Such a response negates the possibility of activating her hopes for a different relational reception.

The second memory is of a man who found my presence very disturbing. We had only been meeting for a few hours when he dared to speak up. He said I reminded him of someone who had treated him callously. Before I had a chance to explore this, my co-leader pointed out to the trainee that he was making a gross evaluation of me based on knowing very little about me. The trainee retreated into silence. From my viewpoint, my co-leader seemed to be treating this man’s reaction to me as a classical transference reaction. The man was relating to me ‘as if’ I was somebody else.
But I was more interested in starting by exploring how I was similar to the person who had treated him callously. There are a few reasons for this approach. I do not consider his reaction was a distortion, or anachronistic. Reality is inherently ambiguous and more complex than any one of us might know. His earlier experiences supported the development of particular sensitivities. He was a ‘canary in the mine’ when it comes to sniffing callousness. Thus, I might learn something about myself. Taking his initial appraisal at face value (his sense of disturbance) is the starting place of a phenomenological exploration. If I welcome the comparison with interest, and stand ready to affirm his experience (even if it is at variance from mine), it is likely to begin the development of the hopeful, facilitative dimension of our relationship. That supports him to be safer to explore his more frightening ERTs instead of just reacting to them.

Our exploration of my similarity to the one who treated him callously might then lead us to notice how I am also different. Notice I wrote ‘also’ different. I do not deny my capacity to be callous. But more importantly, our exploration of how I am the same is itself the different relational experience. To me this is very important. One of the most important building blocks for the facilitative, or hope-filled dimension of the relationship is acknowledgement and embracing – and sometimes shared mourning – of the ways I confirm a client’s worst fears.

As our clients build an increasingly confident expectation of being well-met in the therapy, they come not just to expect it, but to rely on it. This is an example of the kind of ‘self’ support I wish for my clients. For many clients it may be the first time in their lives they can rely on someone to be present to them and for them, someone who they need not fear, nor take care of. This creates a situation in which risk-taking, experiments in being-with, are possible, even exciting. It expands their creative range in the therapeutic dialogue. I want my clients to be able to use me. Not in the manipulative sense, but I do want to be used well for their developmental next steps (including the one that supports them to end therapy!). I remember many years ago telling my Gestalt therapist that I could be a good Gestalt therapist if that was what he wanted. I could do experiments, I could look at him, etc. But what I really wanted was to be in his presence, to breathe the same air he was breathing. I was daring to make a vulnerable confession. He responded by saying softly, as he let out a long breath, ‘yeah … yes’. I was surprised, touched, relieved, and then of course began to dread that I might start to want too much from him!

When the confident expectation of a welcoming, understanding response is disrupted by a therapist’s misattunement, a client may react with surprising shame, dismay, anger, and/or despair. Their confidence in the hopeful dimension of the relationship has become threatened. Not all misattunements rupture a client’s confidence in the therapist’s welcome of their hopes and yearnings and longings. Just as not all suffering and pain is traumatic, not all misattunements are ruptures in the client’s hopeful connection with the therapist. Thank goodness, because misattunements are an everyday event! But when a client does become disrupted, it usually points to one of their most vulnerable or shame-filled senses of woundedness. One of their self-protective ERTs was meant to prevent such exposure, but the self-protective attitude had been lying fallow as their confidence grew. The ‘protector’ was not ready when needed.

At such times, the disruption and repair process, which builds on ideas presented by Ornstein (1974), a self psychology psychoanalyst, can be fruitful for reestablishing and even strengthening the facilitative dimension of the relationship. She writes – in different words than I shall use – about the therapeutic value for the client of welcoming their development of a connection to the analyst in which they can confidently rely on the analyst’s attuned responsiveness as an aspect of their own self-regulation (regulation of esteem and emotional process). When a misattunement disrupts that confidence, that is a disruption of the relational tie that assists in self-regulation. In that process, the client and therapist work to understand how the therapist ‘missed’ the client, what the cost was to the client in terms of their distress, the ERTs that were activated, and what they lost in relationship to the therapist (trust, confidence, etc.). It is not a time for the therapist to try to justify themselves. If useful to reduce whatever shame the client may experience over having such a strong reaction to the therapist’s action, they might also reference the client’s relevant historical experiences. This might not only reduce shame, it might help the therapeutic pair see more clearly how the misattunement replicated earlier disturbing relational events. Walking through this difficult conversation together generally restores the bond, although it may have to be tested more overtly again for a while. Each event of disruption and repair tends to enhance the facilitative dimension of the therapeutic process.

Concluding thoughts

While transference with all of its baggage and epistemological and ethical problems creates trouble when imported into Gestalt therapy, I believe the concept of ERTs is an adequate replacement for working with the relationship between our past, our present, and our leaning into our future.
Developing an eye and ear for ERTs, both the hopeful and the dreadful ones, makes the process of finding figures crisper and more salient to the client’s therapeutic aims. Reminding yourself of the dashed hopes (both in their world and within the therapeutic relationship) that underlie the client’s emotional reactivity can support the therapist to withstand the emotional roller coaster of a client’s need to protect against allowing themselves to be too hopeful with you. They worry their negative ERTs are the truer truths about them, and that you, too, will come to believe that as well. The hope and desire for a developmentally facilitative relationship is an incredibly vulnerable experience. That vulnerability evokes difficult feelings and ERTs in both the therapist and the client. Both people have a chance to expand their capacity for more creative responsiveness. That is a gift our clients give us.

Acknowledgement

Although the opinions contained herein are mine, I wish to thank the reviewers at the BGJ for their ideas, which improved this paper.

Notes

1. ‘Imagine you have a controversial discussion with somebody. At a certain point in time they raise their arm, reaching back. You startle. Why is this? Well, your previous experience has provided you with an expectation about the behavior that immediately follows such an action, so that you anticipate a strike’ (Staemmler, 2011, p. 14).
2. Incidentally, for those readers who are taken with the notion of projective identification, Philippson has a lovely experience-near, non-mythical approach to describing the phenomenon that people call projective identification (Philippson, 2002, p. 19).
3. My friend, Donna Orange, uses the term ‘emotional convictions’ to describe much the same phenomenon.
4. This idea is similar to what has been developed at Gestalt Therapy Australia in Melbourne: ‘core organizing themes’.
5. About a month after writing this paragraph, my client said and showed that he had the sense he was undergoing a ‘sea change’. He found himself actually noticing opportunities for interaction with others, opportunities that he did not attend to before. And he delighted in engaging when he noticed the opportunities. He then ‘gave’ me a smile.
6. One of the most beautiful ideas in Gestalt therapy is that so-called resistances are creative adjustments in less-than-optimal environments.
7. Even if I do not think I was callous, I do not have perfect awareness. Given his sensitivities, I trust he can teach me something about how I affect some people, regardless of what I think my intent is.
8. I wish to clarify a common misunderstanding regarding misattunement. The word is meant convey the client’s experience. It does not refer to the therapist’s judgement about whether or not they believe they are attuned. Empathic attunement is a process of dialogue in which near misses are the pathway to the experienced attunement.

References

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Suppose you had a revolution you are talking and dreaming about. Suppose your side had won, and you had the kind of society that you wanted? How would you live, you personally in that society? Start living that way now. (Paul Goodman, 1960)

Abstract: Our world is filled with complexity and conflict. I believe the creation and implementation of a healthy process is essential for cultures and societies to become more inclusive, collaborative, respectful and ideally more peaceful. In this way, positive social change can occur.

In this paper I begin by first defining social change and then describing some important factors that inhibit it. These often include powerful tribal dynamics that can result in narrow, irrational, simplistic and deeply entrenched identities. I contend that the Gestalt approach, originally designed to work therapeutically with individuals, has much relevance in addressing social change situations. I trace how the expansion of the Gestalt approach to couples, families, groups, teams and organisations provided the theoretical base for the development of the contemporary Gestalt social change consultant. During this evolution, managing our passion and advocacy for causes has been of prime importance so that we can become advocates for a healthy process. I then describe a set of theoretical concepts and values that inform our work and are essential for dealing with conflict in the field of social change. I end with a case study.

Key words: social change, resistance, conflict, advocacy, empathy.

Introduction

Most of us agree that the world is becoming increasingly complex as the forces for social change push against the forces for sameness and social repression. It is also shrinking, as the Internet connects us with one another and our economies become more interdependent. The threats of global warming and increased nuclear capabilities also bind us more with each other. Some applaud this interconnectedness, while others abhor it.

A major dilemma that we all have to deal with is managing the tension between the forces for sameness, safety, and predictability, and those for change, newness, hope, and uncertainty. This is true whether we experience this polarity within ourselves; in our intimate relationships; within and between cultures, religions, communities, and countries; or even in professional groups, such as our own Gestalt community. For example, many of us have felt the strain between those who believe in a close adherence to the original Perlsian model (i.e. individualistic, intrapsychic, orthodox and foundational) and those who wish to expand beyond our original theory and footprint (i.e. dialogical, dyadic, relational as well as family, team, leadership, and organisation focused).

As individuals we know the boredom and stagnation that comes from hanging on too long to the safe and familiar as well as the terror of leaping before we look. As intimates we have all experienced both the flatness of too much redundancy and predictability and the disequilibrium of too much ungrounded exploration. In my city (Portland, Maine, USA) we struggle with the dilemma of an individual’s right to buy land and build versus the public’s right to not have scenic views blocked. In my state we just narrowly voted to legalise marijuana; yet the two sides are involved in a protracted struggle about implementation and regulation. Within countries such as the United States, we see the polarisation around issues such as abortion, gay rights, climate change, and gun control, or in the United Kingdom around the Brexit struggle. Throughout the world there is a mixture of religious and tribal conflict often framed as ‘progressive versus reactionary, open versus closed, and rational versus irrational’. And often at their core are components of complex, less rational and less acknowledged motivators, such as vanity, revenge, revulsion, loss of honour, fear of vulnerability
and humiliation, and the need to save face (Mishra, 2016).

All beliefs about what is positive social change lie in the eye of the beholder. For many of us it may be about how to establish more democracy and equal rights for the LGBT community or how to diminish child sexual trafficking and eliminate state-sponsored brutality. But for others in the world, it is how to support the goals of ISIS or the state-organised assassination of drug dealers in the Philippines. It is these contrasting visions of how we would like our communities, towns, cities, countries and societies to be that sets the stage for the tremendous unrest that we, as citizens of the world, encounter.

In this article I use the term social change to refer to shifts in significant behavioural patterns, values and norms in a culture, society, neighbourhood, community or workplace. Sometimes this change is intentional; sometimes it is not. Social change is often supported by movements that inspire discontented members of society to rise up against people who have vested interests in the ways things are and who feel threatened by the uncertainty that change generates. It is always occurring, often in non-dramatic ways, though it frequently involves controversy. Some social changes are significant and profound, like the legalisation of abortion in various countries, while many are insignificant, like changes in fashion.

I begin by presenting a case study, the lobster wars, a microcosmic example of how social conflict can emerge, and then describe factors that inhibit social change beginning with ongoing conflict. This struggle is fuelled by narrow individual and tribal identities that contain high doses of passion, polarisation, projection, low empathy and contempt. I then describe how Gestalt social change theory developed, starting with the lives and activist values of those who created the Gestalt approach. I identify the role and stance of a Gestalt social change consultant who must be able to remain relationally balanced in order to create and support a healthy process. I conclude with a case study that describes how Gestalt-trained consultants helped a large Native American health care organisation change the way they treated patients and each other.

The lobster wars

A few years ago, I consulted with two aligned groups whose job it was to provide support to several island communities off the coast of Maine. One group provided medical and psychological services via regular visits from a medically equipped ship. The second group provided religious services and support for the operations of the islands, making sure that each community was functioning in a respectful and fiscally responsible manner. Something was going terribly wrong on one of the islands. Its long-term, year-round residents were a clan, an affiliation of loosely connected relatives who made their income by fishing, primarily lobstering. They basically ran the island, held all the governing positions and owned the only general store. The other primary group was from away. They consisted of summer-only residents who enjoyed the island’s beauty while helping to support the economy via retail purchases. They paid high taxes for their ocean-front dwellings which helped fund the local primary, one-room school.

This comfortable co-existence began to change when some low-income housing was constructed and new year-round residents joined the community. Their children attended the same schools as the old timers and, after a while, the new residents began lobstering too, thus competing for the same prime fishing spots as the long-term inhabitants. Soon the uneasy coexistence turned into a full-fledged lobster war with the summer-only residents caught in the middle. The two contentious groups would not talk to each other, nor allow their children to play together. Rumours were started, lobster traps were cut and sabotaged, and soon their differences escalated to physical threats and violence with lawsuits filed on all sides. If members of one group saw a member of the other going to the medical boat, they would walk away.

Luckily, over the years, the island community had developed deep and trusting relationships with the medical and spiritual groups. Using this goodwill, we developed a plan to bring the island community together. Utilising Gestalt social change theory, we consulted with the leaders of the two entities and arranged for private conversations that resulted in a series of well-attended pot luck town meetings designed to create intergroup dialogue. During these meetings we sat feuding individuals next to each other and had them discuss topics that they had in common. We sought to create dialogue while minimising projections and polarisation. With the help of the leaders we created teams from the different factions to plan and implement musical concerts and joint celebrations of patriotic holidays. We involved the summer-only residents to provide bridges to connection. Believing my work was over, I ended my consultation.

A few years later, I ran into the person who had originally contracted with me. He told me that in some ways things were better; no assaults and no lobster trap cuttings. Yet the two groups seemed as segregated from each other as when we began. Their kids had stopped playing together and the two groups had found a way to avoid each other peacefully. He told me that after I left, the two provider groups that had hired me began having differences with their relationship.
A Gestalt approach to social change

(parallel process?), resulting in diminished attention to the island community and its integration. I assume that this dynamic had a role in the original initiative eventually stalling.¹

Besides the conflict between the providers, there were probably many other reasons why the changes did not endure. I did not establish enough of an ongoing, long-term relationship with my two clients and may have left the project too early. We could have watched the impact of our interventions more closely and worked harder to establish venues for connection and interaction in which trust and relationship building were core components. I could name others. So, I imagine, could you.

In this case, the two warring groups of residents looked similar physically, spoke the same language, and had the same history and cultural background. They also had a similar religion, values and socioeconomic status. And yet, despite our considerable resources and experience, we were unable to bring them together in a sustained and relational way.

Why is it that the resolution of social conflict, even when initially successful, often does not last? Even some of the most successful efforts, like the Peace Accords in Ireland and the power sharing and democratic process in South Africa, appear in danger of unravelling (Mitchell, 2016; Wiley, 2017). Conflict

Today we are challenged by many ongoing social conflicts the world over. By social conflict I mean a situation in which the conflicting parties are interdependent, perceive themselves as seeking incompatible goals or outcomes, or favouring incompatible means for achieving their ends. Further, if the perceived incompatibility is not addressed it often leaves residue (Abigail and Cahn, 2011). Social conflict often occurs against a backdrop of urgency. For example, we are confronted almost daily by the images of a vast migration of people, many with undiagnosed and untreated trauma, fleeing war-torn countries. They usually have different values, traditions, languages, religions, appearance and dress than the citizens of countries in which they are attempting to resettle.

Conflict is a field phenomenon in which two different world views, i.e. perceptions of reality, occupy the same place at the same time (Nevis, E., 2005). Its hallmark is a narrow and caricatured awareness of the other. This distorted awareness is present not just in terms of actions, but in the actual construction of the experience (Lichtenberg, 1990). Conflict and aggression are normal, occurring at all levels of system – intrapsychic, interpersonal and group, as well as between systems, cultures and societies. Most conflict is easily resolved. These ordinary types are not what I am addressing in this paper. Instead, I am talking about the seemingly unending ones that are often the hallmark of social change struggles; the ones that create negative interactions of attack and counterattack. These are the conflicts that become patterned and recursive. At their extreme they can destabilise the parties’ experience of both the self and the other, generating a relationship devoid of safety and trust.

Below is a table of characteristics that cause and maintain conflict and inhibit social change, followed by a more detailed discussion of a select number, including narrow relational identity, overflowing

<table>
<thead>
<tr>
<th>Table 1: Characteristics that create conflict and inhibit social change (Melnick, 2007)</th>
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<tr>
<td>Narrow relational identity (i.e. a focus on the I and the You and a minimisation of the We)</td>
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<tr>
<td>High passion and an overreaction of all parties</td>
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<tr>
<td>Rampant projection</td>
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<td>Lack of interest or positive curiosity about the other (minimal empathy)</td>
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<td>Polarisation into winning and losing</td>
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<td>Mutual contempt</td>
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<td>Blaming of the other</td>
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<td>Redundant patterns and interactions</td>
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<td>Speed and mobilisation privileged at the expense of slowness and integration</td>
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<td>Energy focused on putting out not taking in</td>
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<td>Lack of trust in the other</td>
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<td>Minimal sense of humour</td>
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<td>High degree of mutual dependency that is not recognised or acknowledged</td>
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<td>Judgment vs. tolerance</td>
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<td>Lack of safety</td>
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passion, unaware projection, minimal empathy, high degree of polarisation, and contempt.

**Narrow relational identity**

Those of us involved in social change work are faced with a dilemma. One of our primary Gestalt principles is that growth and change come from the meeting of differences (Melnick and Nevis, S., in preparation). Yet neuroscience research tells us that we usually experience difference as danger and are wired to move away in fright or toward it aggressively (Boyatzis, 2012). As Evans (2007) points out, we are descendants of the paranoid, for they were the ones that survived. Yet, we are also wired to be social, relational and tribal. We form and live in ongoing social groups of ethnicity, race, religion and nationality. They help define who we are as we come in contact with other social groups often fighting for dominance over territory and resources such as shelter, food and water. In highly conflictual situations, one often finds identities that are narrow, constrictive, simplistic and restrictive, and that rest on powerful tribal experiences, values, and ways of perceiving.

Identity begins to form when the me comes into existence, but only because it is in relation to a not me. We begin to be defined as both different and similar to others (Blom, 2013). We develop a sense of who we are, how we are, and who we are not, in relation to others. We develop a sense of belonging that allows us to not feel isolated and alone. Thus at its core, identity is about dependence and affiliation. It is always relational and connects us to family, tribe, religion and country. Identity is the response to the question, ‘Who are you?’

When there is high conflict, there is often little effort to challenge one’s sense of social reality. As a result, one’s identity is whittled down to a few basic unexamined ‘truths’ that are highly resistant to influence. Rather than experiencing oneself as having an in the moment identity, impacted by situational factors such as current perceptions and information, it is instead thin, fixed and lacking in flexibility. It is often fuelled by the less rational, resulting in diminished trust, inhibited dialogue, suppressed collaboration and blocked resolution. It culminates in a relational process highlighted by overflowing passion, unaware projection, minimal empathy, a high degree of polarisation, and contempt.

**Overflowing passion**

Not surprisingly, many of us involved with social change work are filled with great passion. And of course this is also true of the parties we seek to help. High passion favours mobilisation and action over awareness, narrows experience and potentially generates aggression in the other. And unlike erotic passion, when aggression and conflict can often lead to heightened contact and positive connection, the passion generated by social change frequently leads to long-term negative connection resulting in protracted struggles sometimes marked by violence.

**Unaware projection**

As Lichtenberg et al. (1997) have pointed out, unaware projection involves the restriction of our inner awareness. It is a noticing of something out there that is, in fact, inside. It is the shoving aside of inner life, attributing the source to the outside world. There is some truth in every projection, or the mechanism would not work. However, as one projects without awareness, the person will see others as objects, and will perceive them without empathy. By projecting their diminished interior liveliness, people lose their sense of the others’ humanity, thus creating one-dimensional enemies with no redeeming features. At their extreme, they dehumanise the other and encourage their followers to do likewise. For conflict to diminish, we must all learn to be aware of and appreciate the source of our projections.

**Minimal empathy**

To experience interdependence, we must have empathy for others. This involves the capacity to place one’s self in the other’s shoes in a way that demonstrates compassion. Empathy is grounded in a positive curiosity about the other. It involves the ability to experience relationships as co-constructed and to acknowledge that all relationships involve mutual relational influence. It is the ability to see relationships as a we or, to borrow from Evans (2007, p. 197), you are, therefore I am.

Empathy rests on a base of relational vulnerability and powerlessness that forces one to assimilate feelings rather than slip into dominating/submitting patterns. Only by openly owning our vulnerability can we begin to differentiate what is ours and what is the other’s and also what is personal and what has derived from our projections on to others (Lichtenberg, 2012).

**High degree of polarisation**

Most everything can be conceptualised on a scale of opposites – more or less, better or worse. Gestalt theory views polarities as the forming of two ends of a continuum, with the middle underdeveloped and under-represented. To live in a world of polarities, such as right and wrong, good and bad, virtue
and sin, or pretty and ugly, is appealing because it offers a type of certainty in an ever changing world. Polarisation leads to a rigidity of beliefs and offers a thin veneer of security and safety. It is a ‘prerequisite for fundamentalism, terrorism, and genocide, for when individuals so strongly identify with one polarity, they totally obliterate the other’ (Evans, 2007, p. 96).

If we are aware not just of the extremes, but of the relationship that exists between them, we can develop the flexibility to move between the two poles, to see both sides. However, when the poles are experienced as disconnected opposites or as either/or, it is easy to forget that both sides are valid and that there is a relational connection. For polarisation to diminish, combatants need to learn to be open and vulnerable, to have the courage to sit with ambiguity, uncertainty and not knowing, and to embrace multiple others and realities.

For positive social change to occur, and for societies to grow and develop, a number of polarities that are at the heart of ongoing conflict must be addressed and resolved. For example, in many parts of the world there is conflict between societies with rigid predetermined hierarchies and those with more flattened and collaborative ones. Often old ways of doing things are in conflict with the new – forces for sameness battling against forces for change and difference. Yet despite the fact that many of us want to figure out how to live together, it seems easy to become polarised and to view those who think and act differently as our enemies.

Contempt

Contempt is a strange form of attachment in which we do not want to be interested in the other, yet we are. When we experience contempt, we view ourselves as morally superior and the other as inferior, base, vile or worthless. The sensation is one of disgust, and is similar to open disrespect and scorn. On the recipient side, it is a state of being dishonoured, despised or disgraced. Status and hierarchy are emphasised as we view the other as beneath us and worthy of rejection. When we are contemptuous, we often find ourselves trying to pull away from the despised being or group but being unable to do so. We try to withdraw because we are unable to acknowledge the profound attachment we have in the relationship – whether physical, psychological or emotional. Ongoing contempt creates an isolating, distorting and impoverishing experience that results in a process that is stuck and frozen, in which patterns are fixed and resolution seemingly unreachable.

Contempt is both a cause and result of ongoing conflict. At its extreme it leads to escalation and ultimately annihilation. It is more complex and nuanced than the other processes listed above: passion, projection, polarisation and minimal empathy. In fact it is a poisonous blend of all of them. This syndrome is often at the centre of the sadism, rage, righteousness, and arrogance that is seen in serious, ongoing conflict (Melnick and Nevis, S., 2015).

Gestalt and social change activism

The values of Gestalt-trained social change consultants are the legacy of the social activism beliefs of the founders and their followers. In this section, I will describe how social activism has changed as a prominent figure for Gestaltists.

As an important arm of the humanistic psychotherapy movement of the 1950s, the Gestalt approach directly challenged the Freudian norm that history is destiny and that the best we could do was to adjust and learn to live well within our cultural environment. In addition to helping our clients throw off the personal shackles of cultural and familial oppression via empathy, congruence, and unconditional regard, as our Rogerian colleagues proposed, the Gestalt approach also advocated for awareness, appropriate aggression, and engagement. The therapist, rather than being a benign presence, was highly involved in a creative, active manner. And rather than focus on the past, the therapist worked in the here and now, often able to achieve transformational change in a surprisingly short period of time.2

Many early Gestalt practitioners were social change advocates. They often worked in social service agencies and public [state] schools with various vulnerable populations who needed support and advocacy.3 Our deep roots in social activism began with Fritz and Laura Perls in Berlin, and Paul Goodman in the USA.4

Laura Perls believed that the repression of individual aggression was linked to an increase in societal aggression. Aggression was only problematic when it was one sided, sadistic or masochistic. Her views on aggression as being good, or at least present and necessary for life to move forward, are important in how Gestaltists view social change, because social change, the type we are discussing here, is filled with conflict and aggression. It is a difficult dynamic to manage.

Fritz Perls spent his life fighting for authenticity in relationship and being suspicious of the political. Near the end of his life he set up a commune in Canada, partly in response to President Nixon’s authoritarianism. And prior to that, he helped create the communal atmosphere of Esalen Institute in California.

Paul Goodman believed deeply that psychotherapy was not just the nurturing of individual awareness, but essential for creating a better society (Melnick, 2015). He brought his anti-hierarchical and anti-authoritarian values to the Gestalt approach (Bongers, 2015;

And there were many others. Elliot Shapiro and Patrick Kelly combined the Gestalt approach with social activism. For example, *Our Children Are Dying* (1966), Net Hentoff’s account of the work of Shapiro, a trade union activist and superintendent in the New York school system, is as much an account of social activism as it is about education (Melnick and Nevis, E., 2012). And then there was Identity House, and its first clinical director, Patrick Kelly. Designed to ‘change the nexus in which LGBT people lived’, it focused on community building, while incorporating a process of peer counselling (Lazarin, 2016).

George Dennison (1999), George Brown (1971), and Janet Lederman (1969) are other prominent early Gestaltists who followed Shapiro in applying Gestalt principles to educational improvement. Both Goodman and Shapiro were members of the original Gestalt training group which became the foundation of the New York Institute for Gestalt Therapy. This institute became a hotbed of social advocacy that merged with psychotherapy based on Gestalt principles.

### The diminishment of social activism as a prominent figure for Gestalt practitioners

There was a diminishment of social activism within our professional community in the 1970s, 1980s and 1990s, as our Western society became more conservative and psychotherapy became more insular and narrow. The psychotherapeutic profession shifted from an emphasis on growth and expanding awareness to the curing of illness and reduction of symptoms. Symptoms in the 1960s had been viewed as reflecting large relational issues, whereas by the 1980s, the symptom and the symptom carrier were often seen as the problem (Melnick, 1999).

Also, as the Gestalt method emerged more as a powerful form of psychotherapy, social advocacy, although still engaged in by many Gestalt practitioners, became less an element of Gestalt practice and training. As we became more influential and mainstream, our professional stance, founded in the position of outsider, became accepted within society. We developed training institutes, codes of ethics, journals, books, and associations. Could it be that with this acceptance we lost much of our theoretical marginality, and possibly with it, our creativity and social activist perspective?

Last, the decrease in social activism, at least on a professional level, may have something to do with the more traditional psychotherapeutic training, licensing requirements and the character of the later Gestaltists that drew them to a smaller, more well-defined stage. Perhaps working professionally with social change requires a different attitude, orientation and set of skills than those of the traditional individual therapist. Fundamentally, at least in the United States, private practice took over and social advocacy became overshadowed as the Gestalt practitioner’s identity became distilled to therapist/clinician.

### The emergence of the Gestalt social change consultant

By the 1990s the Gestalt approach had begun to expand from an intrapsychic, individual therapy, to a more relational one as practitioners began working more with couples, families and groups. It also began to have a new focus as an approach for working with larger systems, often with an emphasis on social change. The foundation for this was laid in the 1960s as Gestalt practitioners began to apply Gestalt principles to larger groups, more as consultants than social advocates. We have always considered Kurt Lewin, if not a founder, then certainly a major influence. Gestaltists flocked to his National Training Labs to learn about group process founded on Lewinian principles, and also to the Esalen Institute and other communities reflecting Gestalt values and techniques.

Until recently there have only been a few programs that formally train Gestalt Organizational Consultants, but this is changing. For example, EAGT has begun certifying Gestalt Practitioners in Organizations training programs, as well as certifying individuals. Also, a number of Gestalt institutes have begun leadership training. Simultaneously, there has been renewed interest in social change issues. For example, INTAGIO, a group of international organisational consultants formed recently, has held four international conferences. These initiatives have helped train Gestalt practitioners to intervene in social change issues. There have also been a number of conferences that focus on social change and leadership and EAGT has formed a Human Rights and Social Responsibility Committee, pledging the organisation to a number of social change initiatives, such as providing support for counsellors in war-torn countries. These recent measures focus more on systems in which fixed hierarchical and power dynamics, as well as conflict, are ordinary, thus providing opportunities for Gestalt practitioners to approach social change issues as advocates, consultants and mediators.

Revered second-generation Gestalt trainers like Ervin Polster (2015) and Philip Lichtenberg (1990, 2008) have given us their perspectives. Malcolm Parlett (2015) has linked personal development with...
global development, highlighting the importance of their independence. He outlines five dimensions, all interconnected and essential for bringing out the best in human beings. Marie-Anne Chidiac and Sally Denham-Vaughan have designed a programme called Relational Organisational Gestalt (ROG) to facilitate community organising. Mark Fairfield has helped create The Relational Center that has developed a methodology for community building.

Carolyn Lukensmeyer (2012, 2013) has created a model and techniques to maximise citizen participation and also a forum in which leaders of the US engage in dialogue with each other (National Institute for Civil Discourse). Her model for maximising citizen participation in ‘Twenty-First Century Town Meetings ... builds on a basic Gestalt principle: creating a robust, shared awareness by accepting the validity of multiple realities can lead to effective joint action on the part of a large group of diverse citizens’ (Lukensmeyer, 2012, p. 94). Her model involves bringing representative groups of citizens, chosen with regard to diversity of income, gender, age, etc., to engage in dialogue concerning an issue. The groups are guided by facilitators and the participants are asked to follow a set of rules regarding civil discourse. Her approach has generated much support and has been effective across a wide range of environmental, health care and international issues (Lukensmeyer, 2013). We at the Gestalt International Study Center (GISC) have developed the Cape Cod Model as an approach to social change consulting (Melnick and Nevis, E., 2012). A case study regarding our intervening in a large Native American health agency is presented later. And there are also numerous writings by Gestalt practitioners who have consulted in different social change situations around the world addressing such issues as aging, religious and cultural integration, same sex marriage, immigration, poverty and HIV/AIDS (ibid.).

The Gestalt social change consultant

So what can Gestalt-trained social change consultants offer? We can assess and intervene in social change situations, particularly in the area of relational dynamics, using such Gestalt constructs as awareness, phenomenology, field, presence, resistance, contact style, energy management and the cycle of experience.9 The consultant also addresses relational dynamics, group process, multi-level systems, power, hierarchy, culture and leadership. This expansion has allowed Gestaltists to shift from their advocacy for certain social change issues and causes to an advocacy for the creation of ‘healthy’ processes. Because we are process oriented, we are able to help social groups, communities, neighbourhoods, countries, religions, tribes and cultures come together even though they often contain deeply held beliefs that are grounded in the irrational. We are positioned to deal with the figures of an eye for an eye, insults, greed, pride and revenge as easily as those of peace, collaboration and win–win. This good process orientation focuses on heightening relational awareness, building connection and trust, stressing the development of fruitful dialogue and increasing common understandings that can lead to committed action. It places a value on relationships in which all can speak and be heard, see rather than stare, recognise commonalities instead of differences, and approach the other with an open heart. It supports people to notice what is good as well as what is bad and to expand their identity.

The Gestalt approach has always had a philosophy of inclusion. For example, rather than being named after a sole creator, it was formed and developed by many. Although we speak of different forms or schools of Gestalt (Melnick, 1999), in reality our differences are relatively small and inconsequential when values are considered rather than therapeutic techniques. We esteem respecting, moving towards and welcoming difference, incorporating these perspectives in all of our work with conflict and social change.

We have an optimistic view of change. Given our focus, that a healthy process leads to good results, and our belief in the principles of holism and pragmaznce, it is easy to see why we are optimistic. For example, at my institute (GISC), we look at what systems do well in terms of their process and how these functional qualities impact and serve the system (Melnick and Nevis, S., 2005). Said simply, rather than focusing on what’s wrong, we look at possibilities – hopefully in terms of what groups involved in social conflict can achieve. We strive to create change by building on the competence and positive values of people and relationships. A strong emphasis on the negative can be corrosive, especially at the beginning of a change initiative when trust is especially low. We know that a focus on the negative saps energy and diminishes creativity, which includes the capacity to see possibilities and the ability to improvise. A focus on the positive releases energy and helps build the atmosphere for change to occur. We are not naive. We know that dysfunctional behaviours are present as well and need to be confronted, but we start by looking at what works.

We value a present-centred existence that allows us to disengage from the past, while envisioning a not-too-predictable future. The emphasis must be on the moment. We are neither prescriptive nor adjustment focused and are comfortable with uncertainty. It is our optimism that allows us to live without knowing. We help people become aware of what is, instead of what is not or what should be, and in that way, we help people
meet their environment in a healthy way (Melnick, 1999).

To establish and support a good process, we must know how to create a contract and what to do when cracks appear. This involves patience, for trust seemingly takes forever to create but is easy to break, necessitating a long time to repair. It requires understanding that despite our skill and good intentions, trust will most likely be broken along the way. We value treating all with respect, and have an understanding of the relationship that exists between awareness and action. The Gestalt social change consultant is not an advocate, mediator or content consultant. She or he is instead a manager of process, able to bracket off personal beliefs, while fully believing that the establishment of trusting, contactful relationships will, by definition, lead to social changes that benefit all.

Case study

In this last section I would like to present a case study that describes how a team of Gestalt-trained consultants from GISC helped facilitate a change in the way a large Native American health care centre treated its patients and each other. This model is helping to transform health care within the United States.

In the fall of 2011, Marianne Roy, one of our GISC faculty members who had been working with the executive team of a large health care centre (HCC), was invited to go in-house as an internal OD consultant. It meant moving thousands of miles to Alaska where she stayed for two years. Having worked with members of the executive team, she appreciated the legitimate suspicion they had for outsiders, as their history is filled with outsider abuse and humiliation. HCC had employed and recently dismissed one of the most prestigious organisational firms before contracting with us. Roy understood the time it would take to build credibility and trust among the staff of HCC. She also knew that she would need external support. She regularly consulted with GISC faculty and was joined by Nancy Hardaway and Stuart Simon who flew to Alaska frequently to teach and provide consultation and support. There was also a research component, and ongoing research was also conducted by a member of the GISC team.

History

The medical centre, HCC, like many that serve native populations in the US, had been overseen by the Indian Health Service (IHS). The relationship between these two entities was strained by a history of oppression and repression of Alaskan Native people by the government and others. The 1975 Self Determination Act authorised Indian tribes/nations to administer their own programs and the Indian Health Service to grant money for operation of health services. It was then that the Alaskan Native people of this region chose to take over the management of their own health care.

HCC set out to build a system that kept the best of modern medicine to be delivered with the Alaskan Natives at the centre. This was a radical departure from the way health care is traditionally delivered in the United States, and the approach that had been embraced previously by the IHS. Doctors have been trained traditionally in medical school to be in charge, telling people what to do. They are at the top of strongly hierarchical systems. A trip to the doctor was more like a trip to the deli counter – take a number and stand in line. Cultural sensitivity did not enter the equation.

HCC wished to create a health care system that was consumer driven. Their core approach was to respect Alaskan Native values around relationship. They wished to create connections that were long-term, trusting, accountable and personal; and in which learning could be done through stories and in learning circles. You can imagine how a traditional medical approach would go over in this environment.

Additionally, care is delivered by a truly integrated clinical team comprised of a physician, an RN case manager, a medical assistant, an administrative/scheduling person and a behavioural health consultant. Even their offices are designed for face-to-face communication. In this model, the staff is working in service of the patient rather than working in service of the physician. The physician now orchestrates a team as opposed to telling everyone what to do. For example, if the medical assistant is an Alaskan Native and lives in the same community as the patient, she or he may get a fuller story of the patient’s issues than the distrusted doctor from the lower forty-eight states. In this model, the medical assistant’s voice regarding this patient may be the one most valued and respected by the team.

Everyone is part of the patient care team and is expected to work at the top of his or her license. For example, the staff member who does appointment scheduling is trained to ask basic health related questions so she or he can accurately determine if a same day appointment is required. RN case managers often know more about the patient than the doctor because of their frequent contact with the patient. If the scheduler has any questions, the nurse is sitting alongside, so they can be answered while the patient is still on the phone.

This structure also allows for quick care of the whole person. So if a patient comes in with a broken nose, a nurse might ask the date of their last diabetes test. If the patient is having issues with alcohol abuse, the case manager might arrange a meeting
with a counsellor during the same visit. Because the Alaskan Native population has high rates of domestic violence, alcoholism, STDs and opioid addiction, these conditions are screened as part of a primary visit. HCC conducted a great deal of research and found that by putting the team physically together, outcomes improved. For example, emergency room visits were down 50%.

**GISC’s intervention**

GISC was invited to help develop an internal culture to support and reinforce a strength-based relational approach. Using our Gestalt-based Cape Cod Model (Melnick and Nevis, E., 2012; Nevis, E., Melnick and Nevis, S., 2008), nurse case managers, doctors, behavioural health consultants and administrators received extensive ongoing training in our coaching model. They were taught concepts such as resistance, polarities, unit of work, trust building and presence.

I do not wish to make this work sound easy. Trust was originally hard to come by. The word Gestalt conjured up images of *woo woo* to the staff and we were seen originally as too emotionally focused. And of course our faculty were outsiders and white only. When staff members came to our Institute to take our program, they associated almost exclusively with each other. It took a great deal of work to minimise suspicion and mistrust. We had contracted to create two pilot programs and they were deemed a huge success. Not only were our programs incorporated into the training for those in medical services, they were expanded organisation-wide.

The coaching program became foundational. It gave clinicians and others a way to make authentic contact with their patients, each other and even personally with their families. Finally they had a way to be in a professional relationship that was not based on telling someone how to fix a problem.

We then developed a leadership program that helped the teams live out their principles. They learned the skills of effective communication, how to utilise relational influence and when to appropriately flatten hierarchy.

We also created a mentoring program. In my experience, the physician culture supports doctors to be competitive with each other. One result is that they often shy away from direct feedback and intense supervision. Being able to mentor and be mentored by another member of their clan supported mutual vulnerability, diminished suspicion and mistrust and supported a high level of doctor–doctor communication.

Part of the project was training an internal team to take over the program from us. Over a period of two years, seven of the top eight clinicians and administrators flew to Wellfleet, MA and completed our sixteen-day Cape Cod Training Program. We also provided ongoing coaching and supervision to staff (often via the Internet). Five members of the clinical staff completed our OD certification process.

A few years ago the organisation received a prestigious award for their work from President Obama. They were invited to bring fifty staff members to Washington. The majority of the slots were awarded via a lottery that included all staff. HCC has set up an institute to train others, and presents its work throughout the world. Years after our formal relationship has ended, the programs we created are still going and we still work with members of the staff. Many of them say that we not only helped change the way they deliver health care but that we changed their lives. As other health care professionals are learning about how this health system that improves patient care through relationship and shared responsibility works, the value that GISC’s body of work brings to the table is also being recognised.

**In closing**

Social change work, just by its nature, often includes unclear boundary and accountability situations where being compassionate and caring is not enough. Many social change situations are being weighed against the past – sometimes including generations of mistrust that rest in the bodies and the collective history of the participants (Melnick and Nevis, E., 2012).

To work in the world of social change can be daunting. One must have the ability to see the dynamics and process of a system and the skill to intervene with objectivity and neutrality. One must be able to instill in people a sense of mutual vulnerability and curiosity about the other, as well as awareness across different levels of system. One must be able to support in all parties a willingness to let go of the familiar and known, and of their projections regarding what is good and bad in order to risk trying something different. One must be able to engender trust not only between the leaders and their followers, but also between adversaries and consultants. One must be able to help parties engage in discourse, chew instead of spit, look instead of stare, and become aware of multiple figures. And all this must be done sometimes against a backdrop of broken promises, betrayals, contempt, mistrust and serious trauma.

To paraphrase Perls, Hefferline and Goodman (1951), we can never find an end to conflict until we own our own projections, until we establish dialogue between our internal and interpersonal polarities, and until we learn to establish trust within ourselves. Every relational dispute is fundamentally a conflict of needs, goals, desires and pictures of oneself and others. All
social change work is dependent on expanding people’s identity to include the other, rather than seeing people primarily as of different tribes, races and religions. To return to Evans (2007), to diminish social conflict and create social change, we must learn to see the other as existing within ourselves, and truly see and feel the other every day.

Acknowledgement

I would like to thank Chantelle Wylie, Jochen Lohmeier, and especially Gloria Melnick for their comments on earlier drafts of this chapter.

Notes

1. As I write this article, the two client groups have hired a joint executive director and are planning to renew this initiative.
2. Years ago, I asked a group of well-known Gestalt practitioners what drew them to the Gestalt approach. No one talked about its theory or described insights about the past. Instead, they pointed to powerful relational experiences that occurred in the present and which somehow had resulted in profound change. These brief experiences impacted their lives in such a powerful way that they were never the same again.
3. By advocacy I mean not just a value, but a way of being that includes action; a set of activities devoted to a cause and designed to influence social change.
4. For a more detailed description of the founders’ roots in social activism, please see Bongers’s (2015), Shulthess’s (2015), and Melnick’s (2015) chapters in Yes We Care!
5. There have been a number of books written recently that focus on social change. For example, see Aylward (2012), Bar Joseph (2005), Lichtenberg et al. (1997), Lukensmeyer (2013), Melnick and Nevis (2012), O’Neill (2009), Parlett (2015), Polster (2015), and Shulthess and Anger (2009).
6. Members of the Gestalt community have been leaders at both institutes. It is interesting that many of my teachers at the Gestalt Institute of Cleveland at one time created community housing where they lived, worked, and played together.
7. The Gestalt Institute of Cleveland, the International IOSD Program, recently reformed as the International Organization and Leadership Program (IGOLD), and the Gestalt Academy of Scandinavia, are a few long-term programs that come to mind.
8. For example, the Roots Conference in 2008 in Cape Town, South Africa, was entitled ‘Gestalt in the World of Education: Then, Now, Next’ and helped birth Mending The World (2012). In 2015, our seventh Roots Conference was in Belfast, Northern Ireland, and its theme was Gestalt and Social Activism.
9. Because of space limitations these constructs are not described here. For a detailed description please email the author at josephmelnick10@gmail.com

References

A Gestalt approach to social change


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From losses of ego functions to the dance steps between psychotherapist and client. Phenomenology and aesthetics of contact in the psychotherapeutic field

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Received 19 February 2017

Abstract: This paper tries to describe the actual contact-making between client and therapist as a co-created dance. It basically makes a proposal to get rid of the individualistic language that is still in Gestalt therapy's categories called ‘losses of ego functions’, by using the idea of dance, which includes the feelings and the movements of both therapist and client. This perspective is in line with contemporary studies of neurosciences, intersubjective and relational psychoanalysis; it also allows the therapist to stay with the spontaneity of the co-creation of the therapeutic contact (the dance steps), and at the same time to include developmental and psychopathological aspects of the experience (the polyphonic development of domains), as part of the experience of the ground, as a music of ‘steps’ that the client takes in the therapeutic situation.

Key words: dance steps, aesthetic relational knowledge, field, contact boundary, losses of ego functions, polyphonic development of domains.

Introduction

The aim of this article is to provide Gestalt psychotherapists with practical tools for describing the co-created contact between themselves and their clients as a dance emerging from field and developmental aspects. In order to achieve this goal, I will try to overcome the individualistic language that is implied in the contact modes (or ‘losses of ego functions’ (Perls, Hefferline and Goodman, 1951/1994, pp. 235ff., hereafter PHG)), and describe the experience of contact-making (the self) as a dance between two ‘others’, emerging from a phenomenological field. I will consider what has been acquired through previous contacts as part of the ground experience (id functioning and personality functioning), and the actual co-created contact as the figure (ego functioning). The challenge for me has been how to describe the dance steps. In a recent publication on ‘Gestalt therapy with children’ (Spagnuolo Lobb, 2016b), I consider what essentially happens in interactions between caregivers and child, focusing specifically on the reciprocity of their dance. I will now use this concept to refer to the dance between client and psychotherapist.

To move from the individualistic language of our founding text (PHG, 1951/1994) (not from its spirit, which is indeed relational) to the language of the contact boundary and the field, I view the so-called ‘losses of ego functions’ as acquired ways of contact-making and introduce new words describing the actual contact-making. In doing this, I have tried to keep faith with the phenomenological, aesthetic, and field-oriented epistemology of Gestalt therapy, considering the individual’s perceptions, movements, and intentionality for contact.

Psychopathology can be connected in this way to a ground condition; a perceptive style which becomes a more, or less, anxious experience, depending on the quality of contact co-created with the other, in any given situation.1 The losses of ego functions therefore become part of the ground. I call this a polyphonic development of domains (Spagnuolo Lobb, 2012), differentiated competences (introjecting, projecting, etc.) which develop through the lifespan. The ground experience, consisting primarily of acquired ways of introjecting, projecting, retroflecting, etc., creates an integrated perceptive style, a music which can inform us how the client is exposed to stress and how they try to cope with it.

The aim of the Gestalt intervention is to grasp the spontaneity already present – and possible – in therapeutic contact. For this reason I will first consider our categories of the between, and the phenomenological, aesthetic, field-oriented, and
experimental concepts that inform our practice. I will then consider the ground experience and the co-creation of the figure as dance steps between therapist and client.

The categories of the between

Some traditional categories used in Gestalt therapy to observe how the client makes contact with the therapist are: introjecting, projecting, retroreflecting, being confluent, and egotism (see PHG, 1994, pp. 235ff.). Although these Gestalt concepts were initially a revolutionary way to move from an individualistic perspective to a more relational one (to look at what the client does now with the therapist, instead of at what the client has experienced inside themselves), they describe what one person does with another, not what happens between the two. With the relational turn in psychotherapy (see Mitchell, 2000), along with intersubjectivity (particularly Stern et al., 2003) and developments in neuroscience (e.g. Damasio, 1999; Siegel, 1999, Gallese et al., 2007), we acknowledge that experience is born in the moment of contact and have developed a focus on the interaction, on what happens between two people. Gestaltists are privileged among colleagues from other modalities, in that our original theory examined what happens in the between: for Gestalt therapy, the self is contact (PHG, 1994, p. 151). However, we now need to develop the concepts of the original formulation (which although relational are still linked to a monopersonal perspective) into categories which consider the mutual interactions between two people.

The phenomenological and aesthetic glance on relationships

As Robine (2003) states, our word is contact, rather than relationship. The fact that we root ourselves in the phenomenological method implies that we work from a perspective of participation, in which the experience of the beholder cannot be excluded. To be phenomenological, any description of contact-making must consider the experience of the partners in contact. Therefore, the therapist (or researcher) must also consider his own resonance in front of the client. What does the client feel and think when the therapist looks at them, puts questions and smiles at them? And what does the therapist feel? How do their respective physiological parameters regulate themselves? How does their closeness create a sense of security or tension between them?

The newborn child’s pangs of hunger become experience at the moment when this feeling meets the eyes and body of their mother, who might either accept her child with a relaxed smile or feel the fear of not knowing what to do. This experience could be ‘stomach cramps and relaxed look’, or ‘stomach cramps and tension’. Similarly, the experience of the client is always that of the telling of their story and the reaction of the therapist. Co-creating their contact boundary generates an experience, which then becomes acquired for both, and later integrates with other experiences.

What really interests us is the how of the experience. And, in this co-creation of the experience of contact, movement is fundamental: it embodies the phenomenological perspective of intercorporeal experiencing (cf. Merleau-Ponty, 1945), and of the excitement-towards (cf. Heidegger, 1953), the now-for-next (Spagnuolo Lobb, 2013).

Our founders say, ‘If it’s possible to find our concepts in the process of contacting, then at least it will be the actual patient that is there, not the past history or the propositions of a biological or social theory’ (PHG, 1994, p. 229). And we might add, ‘… and the actual therapist’.

The aesthetic glance brings our attention to the senses. Our aesthetic attitude, as Gestalt therapists, enables us to know the other, ourselves and the field through our senses, which are the organs of perception, our contact boundary. Our sense of self is born and develops in the space between. Through the aesthetic glance we use our senses, and the related energy for contact, to focus on what makes us ‘vibrate’ in the contact with the client. In parallel with the betweenness of Buber (1958), the focus on the other of Levinas (2006), and the intersubjective play of Stern (1985), we can develop a peculiar language related to experience and to the senses.

The therapist’s aesthetic experience allows them to be present with a special quality; much as how, when we look at a work of art, our eyes are caught by what vibrates, is vital and possesses a particular energy. The most vibrant part of a scene is the one that contains the ‘drama’, the energy for contact which is about to burst because it is unfulfilled. A seven-year-old boy’s eyes sparkle when an adult asks him ‘what have you been up to today?’, showing us how much he desires to proudly tell the adult about the work he has done at school, how he has been a good boy, or about the goal he scored playing soccer with his schoolmates. If the adult does not respond sensitively, recognising that tension-towards contact, the child will be left with unfinished energy; hopeful of better contact next time. A therapist senses this tension in the client to complete the movement (the now-for-next), and provides an opportunity for this to be fulfilled through experiment.

In brief, grace (good form), rhythm (emotional regulation), and fluidity (movements) can be our aesthetic criteria for seeing how much spontaneity or
anxiety the client and the therapist experience in their contact-making.²

The field and aesthetic relational knowledge

In the Gestalt world, there is an interesting debate on the concept of the field (Hodges, 1997; Parlett, 2005; Robine, 2001; 2015; Spagnuolo Lobb, 2009a; 2009b; Clemmens, 2011; Francesetti, 2015; Philippson, 2001). Although I know there are different opinions about this, it seems to me that we are not talking here about Lewin’s idea of the field (Lewin, 1951), which is closer to Gestalt psychology. Due to its being a perceptual (not an objectivised) field, we are left wondering whether the field only belongs to the individual who perceives it, or whether it may instead be considered as a shared reality, which would do justice to concepts like intuition or embodied empathy.

I understand the field in phenomenological and aesthetic terms, and I relate it to what our founders said: ‘It’s meaningless to define a breather without air’ (PHG, 1994, p. 35).

The therapist feels part of the experiential field of the client (he is like the air that the client breathes) and uses his own resonating to learn about ‘the other side of the moon’ (see Stern et al., 2003) of the client’s suffering.³ Laura Perls (1992) argued that all suffering is born within a relationship. I use the term aesthetic relational knowledge (Spagnuolo Lobb, 2016a) to describe a field perspective where we learn about the other with our senses. Here, in revisiting the field perspective, I include both the therapist’s attunement and his resonance in front of the client as elements of the experiential field. The concept of resonance is different from that of attunement (see Frank, 2016) as it indicates the spontaneous reaction of an interacting partner, while the notion of attunement is closer to that of empathy. The two are different but interconnected: the quality of resonance depends on the degree of attunement.

Resonance can inform the therapist about the client’s field; they may feel bothered, or sad, for the client who would like to feel proud in front of his father – a spontaneous response (see Macaluso, 2015) which informs them about the ‘other side of the moon’ of the client’s experience: the wish to be proud in front of a bothered or sad father. This is what gives the Gestalt therapeutic intervention efficacy, creativity and beauty.

Aesthetic relational knowledge allows the Gestalt therapist to grasp the now-for-next, the client’s intentionality for contact implied in their habitual and desensitised way of experiencing the contact boundary. If ‘the self is the artist of life’ (PHG, 1951), one of the main competences of the Gestalt therapist is to recognise how the client has made a masterpiece of their life. Aesthetic relational knowledge allows us to recall that contact-making and change it ‘from the inside’. The therapist creatively and spontaneously senses the habitual field of the client, and creates an experiment aimed to support the client’s spontaneity.

Thus, the field expresses the unitary nature of the organism/environment, whilst the contact boundary expresses the movement between them which leads to growth and individuation. For example, the field is made up of a crying baby and the parent who is taking care of him. The contact boundary is the baby who calms down on hearing his parent’s voice and seeing his parent who smiles at him, confident that those tears will pass. These are not conceived as individual experiences but as a continuous process of being-with; with excitement, determination and choices, destructuring and reconstructing, and finally assimilating. Aesthetic relational knowledge allows the therapist to resonate with a calm voice (or by other means) in response to the client’s suffering.

The perception of this process is subjective of course, but the process itself is of the organism and of the environment as a whole. A consequence of this perspective is that the therapist sees the change in psychotherapy as a unitary change of both the client and themselves. The therapist’s field changes too: the perception of both client and therapist change, and both are relevant. And the therapist can use their own resonance as a tool to change both the field (and the perception of the client). If during a session the therapist feels a pressure in their chest when the client (finally!) speaks tearfully of the abuse they have experienced from an uncle, the therapist focuses on how and under which conditions this feeling of pressure is relieved. It may happen when the therapist feels angry with the client’s uncle, or perhaps when they feel warm and tender towards the client. A change in the therapist’s feeling of pressure might signify a change in the client’s feeling about the abuse: a change in the field can be perceived by both client and therapist.

Let us now consider the ground experience of the client and then the actual contact-making (the figure) with the therapist.

The experience of the ground: the polyphonic development of domains

The here-and-now experienced by the client is a creative gestalt that summarises the bodily and socially relational schemas assimilated previously and the intentionalities that support the present contact between client and therapist. A developmental perspective is fundamental for understanding how contact is made both with a significant other and with the environment.
Development responds to the Gestalt principle of creative adjustment, through processes such as introjecting, projecting, retroflecting, etc. These traditional Gestalt categories of contact-making are not helpful for describing the ‘dance’ between client and therapist; rather, they can be considered as acquired ways of contact-making, from previous contacts. From childhood onwards, a person will respond with greater or lesser degrees of anxiety or resilience depending on how their ground experiences were shaped.

The development of these contact styles goes along with the development of the domains of self, creating a harmonic complexity, the polyphony of the ground. Hence, as psychotherapists we are interested in sensing how the client’s creative adjustment has developed over time within significant relationships. What is helpful to us is not seeing whether our clients have reached certain goals, but how they have fulfilled the intentionality of contact by adjusting creatively to difficult situations.

As Gestalt therapists we can look at development as the harmonic combination of procedural competences for contact-making (domains), each one developing throughout one’s entire lifetime and combining moment by moment to form a kind of ‘music’, a creative and harmonic form to adjust to various situations. An important clinical consideration is that the therapist is concerned not with the stage of development at which the client is blocked, but with how their present capabilities of contacting (developed through time) are combined in their being-in-therapy as a whole gestalt. The domains are autonomous-in-mutual-interaction capabilities.

To summarise, the domain can be defined in Gestalt therapy as an area of processes and competences for contact-making, interacting with the other capabilities, or domains, which form the ground. Polyphonic development of domains is the term that I use (Spagnuolo Lobb, 2012) to mean the complexity of the ground experience of contact-making and the support from several competences, harmonised with each other.

Let us take a clinical example. The client asks the therapist: ‘How are you?’ The therapist answers: ‘I feel well. I’m touched by your interest in me: you want to know how I am.’ At the same time, the therapist realises that he feels very attentive and proud in front of this client (who is a first child); experiencing a sure ground between them and feeling he can trust the client. This client takes a ‘position’ in the therapeutic field (see Merleau-Ponty, 1945), integrating all that she has learnt in previous contacts and what she now wants from the therapy. The therapist perceives the client as taking the position of a first child, who is used to taking care of the other; a ‘position’ that allows her to ‘own the space’, to be close to adults, to appear as reliable, etc. This is not necessarily a negative thing, unless it prevents that client from being fully present in the situation. In other words, this position can be taken with more, or less, anxiety. The therapist might wonder: how does this client integrate a capacity to introject, project, retroflect, etc., in this moment? In front of this therapist? What is the ‘music’ being played here from the position of a client/first child? Is the client able to criticise what the therapist says, or to reject anything she doesn’t identify with? How does the therapist’s own presence support that integration? The therapist can perceive all this and modulate his introjecting, projecting, retroflecting style accordingly (see Spagnuolo Lobb, 2013, pp. 122ff.).

Development can be seen as a form of music that supports contact-making towards the other. The teaching of Daniel Stern has been important in my understanding of development in Gestalt therapy terms. In contrast to the stage model of development, Stern elaborates a theory of development that includes the subjective sense of self as an organising principle (1985). He believes that once the different senses of self (emergent, core, subjective, verbal, and narrative self) have formed, they operate continuously and simultaneously, defining the different fields of interpersonal experience. All the senses of self remain part of us for our entire lifetime, as separate but interdependent fields of experience and, as such, are constantly expanded and refined.

In my understanding, each domain includes the capacity for being fully present at the contact boundary, perceiving the self and the other in a differentiated, sensitive manner, with the courage of staying with the uncertainty of the situation of contact. The person is at the boundary with the ability to adjust creatively to the other’s moves and to their own moves, hence embracing uncertainty (one never knows what the other person’s next move will be, nor what one’s own will be) and continually finding creative solutions which carry forward both one’s own being and that of the other (see Staemmler, 2006). In this sense, we can say that the polyphony of domains supports the creative movement of the organism in the world, exposing the self to stressful events with more, or less, resilience.

The client’s acquired contact skills belong to the background experience (the acquired music, or polyphonic development of domains), whilst the dance, the actual process of contact between psychotherapist and client, is the figure.

The dance steps: the co-creation of therapeutic contact

If we are to observe how psychotherapist and client co-create the actual contact in a given situation, we need terms of a more phenomenological nature
than introjecting, projecting, retroreflecting, etc., and independent from analytical language, in order to describe the fundamental quality of their reciprocal contact-making which, according to our founders, is spontaneity.

Thus, I would like to suggest new terms to describe the dance with which psychotherapist and client co-create their contact. The criteria that have led me to describe contact in this way are of an aesthetic and phenomenological nature: the spontaneity, sensitivity, vitality, grace and brilliance of the contact between caregivers and child (see PHG, 1994, p. 72; Bloom, 2003; 2005). I have described these ‘dance steps’ as procedural spontaneous actions of contact between the child and their caregivers (Spagnuolo Lobb, 2016b). In this paper I propose to use them also for therapist and client contact-making.

They ideally show a sequence of contact, but that does not mean that all the steps are always present in contact-making, nor that they always appear in the same order. Each dance is unique; it might be a dance with no recognition of each other, or with no sense of reaching each other, but it is nonetheless a dance, that can be observed or lived. Here are the dance steps:

1. To intuit each other/resonate with each other.
2. To perceive each other.
3. To recognise each other.
4. To adjust to one another.
5. To take bold steps together.
6. To have fun.
7. To reach each other.
8. To let oneself go to the other/take care of the other.

These steps can also be seen in other meaningful situations where there is contact between at least two ‘others’, such as in couple interactions. The steps do not measure the caring function of the caregivers or of the therapist, but rather the fluidity of their co-creation; what they do well together.

I will briefly describe each dance step, referring to the therapeutic situation between therapist and client. A description of the steps between caregivers and child can be found in Spagnuolo Lobb, 2016b, pp. 43ff. These dance steps could also be used by a researcher to look at a dyadic interaction: they represent a phenomenological way to observe a dyadic situation.

1. To intuit each other/resonate with each other

This step has no movement yet: it is the pre-defined feeling of the other and of the situation (see Robine, 2015). Many recent neurobiological studies have focused on this aspect of contact-making. Damasio (1999) outlines that the self originates from embodied feelings; Gallese et al. (2007) and the group from Parma have demonstrated how mirror neurons allow us to feel with embodied empathy how the other’s intentional movement is felt. Additionally, Porges (2011) describes how the development of the vagal nerve in animals has led to a concept of basic body language with which we can understand one another pre-verbally, and Panksepp (1998) has studied the neurological mechanisms of emotions.

The more the primary ground provides a sure feeling, the more this domain is fluid and produces contactful (good) forms. If this ‘step’ is experienced with anxiety within the contact between therapist and client, the risk is the development of delusional ideas in which intuition gives way to anxiety and fear for one’s survival. For instance, a thirty-year-old man shouts: ‘They are coming for me now, and they want to kill me’. The therapist asks: ‘Who is coming for you?’ He replies: ‘They are. It’s a conspiracy.’ The therapist attunes with the client’s great impotence and at the same time resonates with a strong sense of solitude in the field, so he answers: ‘You sense that you are powerless in front of the solitude around you’. The resonance of the therapist provides a wider awareness of what is in the field, and the client calms, with a sense of being recognised in his pre-defined intuition.

2. To perceive each other

This dance step describes the activation of mutual perception in the phenomenological concreteness created by the contact senses. The self of the psychotherapist and the self of the client are in their mutual perception.

For example, during a therapy session, do therapist and client become active in response to the movements of the other, or are they perceptively rigid, almost independent from the movement of the other, insensitive towards the uniqueness that each of them brings to the field and their attempts to generate change in their contact? Plus, what do each of them do when the other does not activate or appear to respond to them? Do they keep trying to be noticed by the other or do they retreat within themselves in a defeated attitude?

3. To recognise each other

This step consists in recognising the intentionality of contact in the other that brings any movement to the relational sense of that contact-making: ‘I have a sense of what you are feeling and of where you are going and what is important for you’. The importance of recognition has been recently highlighted by several authors in the field of psychology (see Molinari and Cavalieri, 2015; Honneth, 2010; see also Taylor, S.,
1998), and is considered to be a basic experience for
the sense of self. Beyond empathy, this ‘step’ implies
the recognition of the movement-towards, of the now-
for-next, which makes the other feel deeply understood
in their human sense. An example of a borderline
client is a good description of this step. The client says
to the therapist at the beginning of a session: ‘I will
never trust you any more, because you didn’t answer
me when I called you last night. I felt really bad.’ The
therapist answers: ‘I appreciate your dignity in saying
that’. Beyond her anger (from the night before, when
she had tried to reach the therapist with a late night
phone call), the therapist recognises the wish of the
client to reach him with the wholeness of her self. He
adjusts to the client’s perception (you were not there
for me and I have the right to be angry at you) and also
says how he resonates (the dignity) in the face of the
client’s wish to reach him as a whole.

4. To adjust to one another

The ability to adjust to each other implies both
attuning (feeling what the other feels) and resonating
(responding with one’s own presence and creative
differentness). In fact, the complementary movements
that make a spontaneous dance possible express the
full presence of both persons.

Therapist and client modulate their movements in
session, and the therapist’s competence in seeing how
they adjust to one another may result in the client’s
letting themselves go in the therapeutic process. The
client always starts the dance; for instance, they may
say they have been depressed all week. The therapist
is sorry and verbalises that feeling. The client feels the
presence of the therapist and is supported to continue
to describe their depressive mood, this time introducing
something novel: a subtle smile. The resonance of
the therapist is that the implied intentionality of that
smile is: ‘I want to see how much you believe in my
depression or whether you see my wish to be better’.
The therapist ‘dances’ and says: ‘You really wish to be
better’. The client feels lighter and tells the therapist
about what they had wanted to do during the week.
Their adjusting to each other allows the balance
between figure and ground to fluidly support the wish
of the client to continue.

5. To take bold steps together

There are times when therapist and client do something
together which loosens a fixed gestalt by addressing
themselves to a third element, which allows them to
get out of an impasse. It is a courageous step to take,
to be focused on something else which attracts them
both and creates something that transcends them.
This step is what we call an experiment: an attempt to
include something novel in the field to expand contact
possibilities and awareness.

In a session a client is very sad, and describes a
painful time in childhood during which his parents
continually fought with each other. The therapist feels
sad yet at the same time is aware of a sense of harmony
in his body, and lets the unusual desire of dancing with
the client emerge. So he asks the client: ‘How would
it be if we expressed together what we are feeling in a
dance for your childhood situation, for all the people
involved in that pain and for your wish to love them?’
The client and the therapist start to dance together,
feeling the pain and also the beauty of the client’s love
for his parents and siblings. A magical feeling develops,
for all the pain seems to be overcome by the dance. It
is as if in the dance both therapist and client find a
superordinate meaning in the suffering.

Obviously this dance does not solve all the problems,
but in the client’s perception the fighting between his
parents will no longer be the sole, rigid response to
situations of tension. The bold step taken by client and
therapist solves the problem that arose at that moment
in the phenomenological field, giving the client an
important recognition of his harmonic capacities.
To the degree to which both therapist and client are
sensitive and succeed in creatively finding harmony
in this situation, the gestalt can be closed, unfinished
business will not arise and the client will be free in
future to make different decisions. What he will learn
is the freedom to risk new and creative solutions (cf.
Wertheimer, 1945). And to be effective, this has to be
done with the freshness of spontaneous contact: if the
behaviour should become repetitive, it would be a sign
of desensitisation.

6. To have fun

Therapist and client can have good moments together,
enjoy one another’s presence and have moments of
lightness. Their attunement is at the highest possible
level and their resonance includes the ability to take
bold steps together. They can each breathe and relax
with the other, feel confident and trust life. It is a new
breath arising from suffering, a momentary going to
another level, which feels good to experience. The ‘we
can have fun’ makes life easier. The therapist takes
pleasure in seeing the client, and the client comes to
therapy with a sense of hope.

7. To reach each other

Is the therapist curious about the client? Does she ask
him how he is feeling? Is she interested in the client’s
state of mind? Or perhaps she is focused on her own
state of mind and interacts with the client as if he
were something extraneous? The therapist observes
the client’s movement and smiles; she participates in the client’s act of exploring his feelings and meanings and supports the novelty and risk that the client is taking in disclosing himself to her. From the client’s perspective, is he curious about the therapist? Does he have the sense that the therapist is a person with their own feelings, values, etc.? Does he feel able to reach the therapist as a person with his stories?

The therapist shows flexibility with the rhythm of the client; she supports his more daring notes, and together they learn to surpass what had previously seemed to be their limit. The therapist verbalises the client’s state of mind, e.g. ‘You feel you were able to tell me this story as you have perceived it’.

The client takes a deep breath, looks into the therapist’s eyes and feels he has both reached the point and reached the therapist. This kind of interaction provides both client and therapist with the feeling of

<table>
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<th>Domains of contact co-creation</th>
<th>Experienced excitement at the contact boundary</th>
<th>Vital competences</th>
<th>Risks when the contact boundary is desensitised</th>
<th>The therapist’s (or researcher’s) resonance</th>
</tr>
</thead>
<tbody>
<tr>
<td>To intuit each other/resonate with each other.</td>
<td>To feel one’s own and the other’s feelings and movements in the field.</td>
<td>Embodied empathy. Being attuned.</td>
<td>Confluence. Confusion. Madness.</td>
<td></td>
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<tr>
<td>To perceive each other.</td>
<td>The self activates in contacting the other.</td>
<td>To perceive with senses open. Staying with the diversity of the other.</td>
<td>It’s impossible to perceive the other. The need to control the diversity of the other takes over the field.</td>
<td></td>
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<tr>
<td>To recognise each other/intentional resonance.</td>
<td>To resonate with the diversity of the other, bringing one’s own uniqueness to the field.</td>
<td>To creatively differentiate from the other.</td>
<td>It’s impossible to resonate with otherness. Depression.</td>
<td></td>
</tr>
<tr>
<td>To adjust to one another.</td>
<td>Energy for contact is perceived in a middle mode: active and passive at the same time.</td>
<td>To contain one’s own energy and moderate it, synchronising it with the other’s energy.</td>
<td>R rigidity. Inability to negotiate one’s own presence with the other’s. The other is either introjected or abused.</td>
<td></td>
</tr>
<tr>
<td>To take bold steps together.</td>
<td>Sense of risking with the other. It’s possible to create a third reality together with the other.</td>
<td>Courage. Capacity for agency.</td>
<td>To project. Paranoiac experience. Boredom.</td>
<td></td>
</tr>
<tr>
<td>To have fun.</td>
<td>It’s possible to exhale. To let go of control.</td>
<td>Trust in the world and in oneself.</td>
<td>Control. Paranoia. Obsession.</td>
<td></td>
</tr>
<tr>
<td>To reach each other.</td>
<td>Feeling that the tension towards the other has reached its goal.</td>
<td>Efficacy and agency. Trust in one’s own ability to reach the other. To use one’s own strength for the benefit of the other.</td>
<td>Being unsatisfied.</td>
<td></td>
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<tr>
<td>To let oneself go to the other/take care of the other.</td>
<td>Feeling of being-with the other.</td>
<td>Intimacy.</td>
<td>To retroreflect. Solitude. Grandiosity. Egotism.</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Excitement at the contact boundary, vital competences and risks of contact-making domains in the therapist/client field (adapted from Spagnuolo Lobb, 2016b, p. 53)
being reachable and able to reach the other. The client becomes rooted in a sense of self which is safe, pleasing to others and from which he is able to risk something new. This step also provides the client with a sense of agency.

8. To let oneself go to the other/take care of the other

Once the therapist has supported the capacity in the field to reach one another, adjust to the other, take bold steps together, and have fun, then it is possible to let oneself go to the other/take care of the other. The client is able to let themselves go and the therapist feels able to take care of the situation in a spontaneous way. And now the dance can be over. The client ends the session with the feeling of having accomplished what they wanted to work on and the therapist is ready to turn their attention elsewhere.

Figure 1 summarises the excitement experienced at the boundary, vital competences and risks of the ‘dance steps’. This grid is a tool that therapists can use to orient their work. The fifth column is to be completed by the therapist (or by the researcher who watches a video or a live situation). Following Barber’s concept of the practitioner/researcher (Barber, 2006), the therapist (or researcher) is also considered as an instrument which can resonate in that particular field.

Conclusion

In this paper I have tried to describe the actual contact-making between client and therapist as a co-created dance. I have basically made a proposal to get rid of the individualistic language that is still in our categories called ‘losses of ego functions’ by using the idea of dance, which includes the feelings and the movements of both therapist and client. Not only is this perspective in line with contemporary study of neurosciences, intersubjective and relational psychoanalysis; it also allows the therapist to stay with the spontaneity of the co-creation of the therapeutic contact (the dance steps), and at the same time to include developmental and psychopathological aspects of the experience (the polyphonic development of domains), as part of the experience of the ground, as a music of ‘steps’ that the client takes in the therapeutic situation.

Considering different kinds of ‘music’ in the experience of the ground will help us to orient better regarding the dance steps we can take. All the habitual modes of contact (introjecting, projecting, etc.) ‘shape’ the music the client and therapist play together. Domains which have been acquired with anxiety, because experiences could not be closed, create a ground full of anxiety, where the ego function cannot deliberate easily.

This work is based on the phenomenological idea that the suffering of the client is what it is, and that change comes from staying with it. It is also based on the aesthetic idea that there is a harmony in the way we perceive the world, however we perceive it – whether with anxiety and pain or with full senses and joy. Rather than paying attention to what does not work, we want to recognise this beauty in our clients, using our own presence as a field-oriented tool. I believe that this is the phenomenological, aesthetic, and field-oriented turn that our founders wanted to introduce into the realm of psychotherapy.

Acknowledgement

I thank Miriam Taylor for her helpful suggestions on this paper.

Notes

1. I will not include in this paper the related concept of psychopathology, which I have approached elsewhere (Spagnuolo Lobb, 2013; 2016a).
2. For a more detailed explanation, see Spagnuolo Lobb, 2013.
3. See the article by Mahoney et al. (2007), which illustrates a session that I led with M. Mahoney, as an experiment. It is a clear example of the use of the resonance of the therapist.
4. We might consider many domains. In Gestalt therapy literature, Ruella Frank’s (2001) developmental movements are an example of domains, as are Malcolm Parlett’s (2003) five abilities. In an attempt to develop the concept of losses of ego functions of our founders, I have considered the domains of introjecting, projecting, etc. (Spagnuolo Lobb, 2012).
5. Stern (2010) also proposes five aspects which create the sense of vitality: movement, force, time, space, and intention (or direction). These five elements make a spontaneous gestalt, which is the experience of vitality (see Spagnuolo Lobb, 2013).
6. We can also consider various perceptive styles and ground experiences: the neurotic, the psychotic and the borderline styles, as well as traumatised perceptions can be seen under this phenomenological perspective (Taylor, M., 2014). In a previous paper (Spagnuolo Lobb, 2016a, p. 284), I describe the experience of self-in-contact in different kinds of suffering, and consider the experience of the ground, the unfolding of the self in contact, the emerging figure and the feeling in the therapeutic field.

References


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Response-ability
Gaie Houston

Received 28 January 2017

Editor’s note: Gaie was one of several UK contributors invited to respond briefly to the question: what is important to contemporary Gestalt therapy? This contribution forms part of the discussion taking place at the UKAGP conference celebrating twenty-five years of the BGJ.

Abstract: This article invites discussion that will enlarge participants’ response-ability, through the exchange of both their difficulties and creativity. New social media need considered responses. So also do the many threatening political, geophysical, and cultural events that are background to, or emerge as, the troubles that clients bring to therapy.

Key words: responsibility, reponse-ability, power, powerlessness, politics, abuse, social media, primary response, out of touch.

A client confesses to abusing children. Another says climate change is nonsense. As therapist and human, what do I do?

We are living in interesting times, in the Chinese sense of that phrase. It does seem that political instability and deranged behaviour of people in power, loom in many parts of the outer world, our fast-warming planet. They loom, too, in our psyches, in ways not always well anticipated in therapy. Colleagues have reported the same experience as mine, of almost every client bringing Brexit to therapy when it was first voted on. What could they do about it? The first answer often was a despondent sense of powerlessness.

Response-ability is perhaps one of the most important tenets of Gestalt therapy and philosophy. It is a coined word, not to be disconnected from its root – responsibility itself. Paul Goodman stressed our political and cultural influence (Goodman, 1970). Now new times have brought new modes of communication, some of which undoubtedly affect our sense of responsive power – of our effectiveness, for good sometimes, but not always. These new instant means of communication can fill our awareness with the mundane doings of scores of social network contributors, as well as with famine, atrocities, acts of terror, public fraud and a long list more. They can as easily alert us to needs for action. How to respond? What has this got to do with therapy?

In one way we cannot but respond. Indignation, despair, admiration, a shrugging of the shoulders, are a few of the responses that we inevitably make by processing information; having perceivable body-responses, and translating them into a feeling or a thought, or both. In the plethora of stimuli coming in from TV, radio, emails, Facebook, Twitter, and so on, the response mostly stays at this internal stage, or is expressed as an opinion about the acts or people reported on. Body chemistry, on the alert for action, raises blood pressure measurably.

Someone I knew as a trainer long ago, maintained that most speech should be a bridge from an internal response to an externalised action. He was not over-fond of words, and I do not completely agree with this assertion. Yet action is the intended outcome of most gestalt formation. There is nothing random about the next sensation or thought that becomes foreground. It generally points to a need to do something.

But I believe that for too much of the time of my life, I doubt my own response-ability or responsibility, and do nothing. Sometimes it is hard to see what else is feasible. I was in Paris the night of the Bataclan atrocity, on the same street where the first restaurant attack happened. Mobile phones went non-stop. Police cars raced by. What did I do? What could I do? I went to bed, appalled, and thought about the workshop I was giving next day.

Alarm-fatigue sets in sometimes after even one news bulletin. But there are many events, near or far, that disturb me and do raise the possibility of doing something, rather than just talk. Even talk may do something, if it is a voice at a demonstration, a letter to a newspaper or MP, or other clear communication.
I see it as part of my job as a therapist to listen to clients’ reactions to current events, relate these to their own psyches, certainly, but also leave them space to grapple with their sense of their own powers to do something about whatever is in the forefront of their mind, be it garbage-collection in Wigan or female mutilation in a country far away. Such topics have the double value of being both indicators of the client’s inner state, and worthy of attention, of response, in the world. A client who had been bullied by older brothers, and felt herself to be ineffective andcripplingly indecisive, talked in a therapy session about the Women’s March scheduled for the day after the Trump inauguration. Her alarm at his becoming President was weighed against her never having been on a demonstration, that she doubted if this one could have the slightest influence, that she might get hurt in the crowds. She even managed to argue to herself that her presence at the rally would be merely neurotic. The therapist commented that the rally could be treated as an experiment. She went, and in the following sessions was transformed.

The White House allegation that the Trump inauguration had the biggest crowds in history had jerked her into delight that she had been one of the black dots among a hundred thousand in Trafalgar Square, peacefully marking that huge crowds round the world remembered his vilification of women. She has bought a flat and signed up for driving lessons. She calls it the Trump Cure.

Choosing the battles or areas of excitement is crucial. So much data is flung at us. All I know how to do is to trust what Fritz Perls called the wisdom of the organism, and wait for a clear gestalt formation, making one issue foreground in my attention, and therefore requiring action. Alongside this existential choosing, humility is needed, to recognise the limits as well as the potential of one person.

A nun was sent home from a mission in the camps in the Congo, because she was starving herself, and giving her food to others in worse state. She was told she was more useful alive than dead. Though upset, she saw in therapy that by raising money for her Order’s work there, she had found a new response. She had extended her response-ability.

Our present culture impinges on response-ability in our face-to-face dealings as therapists. For example, for reasons of litigation, as well as – and perhaps rather more than – out of respect for the client’s privacy, I advise my supervisees to avoid touch when seeing therapy clients one-to-one. What a shame. What a throwing away of potential healing and comfort, when in one-to-one work we have to use speech as a substitute, a symbol of touch.

Group therapy has many advantages, and freedom to touch is one of the strongest. Yet it is not a predominant form of therapy. So, rather than community, genteel alienation comes up on us from behind, in a sort of grandmother’s footsteps.

The NHS has now introduced email counselling, with the implied assertion that it is nice for patients not to have to see the therapist. Maybe nice. Definitely dysfunctional. Therapy is for the most part about getting on with other people. Many people attending therapy want to learn to be fully alive, in the presence of others. Their abilities to respond can only be dealt with at second hand, theoretically, by email.

With Skype or Facebook or whatever, it is arguably better at least to see part of the person you are talking to, than just listen to them or read them off the screen. But in these media we cannot respond to any out-of-sight body signals, to smell, to three-dimensional presence.

As I see it, our present culture in some ways curtails our response-ability, and in other ways opens up new creative possibilities, as when a lawyer client began an online petition which led to a nationally significant outcome. A focus I would value at the 2017 UKAGP Conference is on exchanging more skills in virtual therapy; in keeping in awareness that therapy and action are one continuum, and in realising through therapy more of the responses in our power in the community and wider world.

References

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‘Are we becoming bullies?’ A case study of stress, communication, and Gestalt interventions among humanitarian workers

Vikram Kolmannskog

Received 21 March 2016

Abstract: There is an increasing focus on humanitarian workers and stress. At a workshop in June 2015, the author facilitated self-care, group debrief and communication sessions for senior gender advisers deployed by the Norwegian Refugee Council. This paper presents and discusses survey responses relating to the advisers’ experiences of stress, communication, and Gestalt interventions. In certain situations, such as humanitarian crises, people – including humanitarian workers themselves – can easily become stressed and their communication violent, which in turn may contribute to more stress and violence around them. However, this cycle can be broken with sufficient support and awareness.

Key words: stress, communication, resistance, group debriefing, humanitarian workers, gender.

Introduction

There is increasing interest and research on humanitarian workers, stress, and staff care. With a Gestalt therapist as staff care adviser, the Expert Deployment/NORCAP Department of the Norwegian Refugee Council (NRC) provides Gestalt-based self-care training and debriefing. In addition, they have provided Gestalt-based communication training.

The Expert Deployment/NORCAP Department administers various rosters for humanitarian action worldwide. One of these is concerned with gender equality programming and gender-based violence. Senior-level advisers can be deployed to support the UN, NGOs and governments. These advisers met for a workshop outside Bangkok in June 2015. I was asked to facilitate.

Since NRC was interested in knowing how stress and communication, as well as Gestalt interventions, are experienced by the advisers, and I wanted to contribute to research on this topic, I decided also to carry out a study.

Research questions and methods

Since 2007, I have had various contracts with NRC as a human rights lawyer and social scientist. In parallel, I have trained to become a Gestalt therapist at the Norwegian Gestalt Institute. This is part of my background, the background for the request from NRC, and a background that influenced my facilitation of the workshop and this study.

This study has two interlinked research questions: what are the important stress and communication issues experienced by a group of humanitarian workers? To what extent – and how – can Gestalt-based workshop sessions address stress and communication issues experienced by humanitarian workers?

To answer these I have carried out a mixed-methods case study. The main data source is the twenty-one advisers participating in the workshop. They are seventeen women and four men, of various ages and nationalities, and with varied humanitarian experience. Everyone gave informed consent to the study. I took notes before – as part of my preparations, I spoke with NRC and a few of the advisers – and during the workshop. In line with Gestalt and qualitative research principles, the notes were based on my awareness of myself, the advisers and the situation as a whole (Brown, 1996). Often clients and participants report something other than what therapists or trainers themselves think is important (Yalom and Leszcz, 2005; McLeod, 2010). In this paper, I take the survey responses of the advisers themselves as a starting point while drawing on my notes, existing theory and research in the discussion of these.
Immediately at the end of the workshop NRC gathered responses from advisers through Survey Monkey (first survey). Advisers were asked to rank the sessions. There was also the option of adding comments. Nineteen out of twenty-one participants completed the whole or parts of the survey. The survey with results is on file with NRC.

In addition, I designed a survey that NRC sent out to the advisers three months later (second survey). This was also done through Survey Monkey. It was more open and unstructured. Advisers were asked to identify and rank what they, in their work and personal life, experience as the three most important stress factors, ways of coping, factors disturbing/limiting effective communication, and factors facilitating effective communication. They were also asked how – if at all – they experience connections between communication, self-care, and stress. With regards to the workshop itself, they were asked what experience(s) in retrospect stood out as particularly important from the workshop as a whole and then from the specific session on communication; to what extent and how the experience(s) from the workshop had been helpful in their work and personal life since the workshop; and what – if any – synergies they experienced between the communication session, the self-care sessions and the group debriefing.

I closed the second survey six months after the workshop. Ten advisers had responded. Low response rates are among the most common and difficult problems in survey research (Trochim, 2006). Possible reasons for the relatively low response rate in this case may include the time that had passed since the workshop, advisers feeling it was no longer so relevant, advisers travelling or not on assignment, the questions in this second survey being more open-ended and thus requiring more of the respondents, and respondents lacking the will to participate in the research that was first expressed at this point. Due to confidentiality dictating that few personal data were asked for, it is difficult and unethical to determine who completed the survey and how representative they are. The results and discussion must be read with this in mind. However, considered in combination with the first survey results and my own notes, they are still useful in shedding light on our topic. I have the full survey with results is on file with NRC.

Stress and communication – a starting point

Stress, according to the Merriam-Webster’s Learner’s Dictionary (2016), can be defined as ‘a state of mental tension and worry caused by problems in your life, work, etc.; something that causes strong feelings of worry or anxiety’ or ‘physical force or pressure’. The word is used to describe a cause (the last alternatives) and a reaction (the first alternative). The biologist Hans Selye (1936; 1956) has been central in developing our current understanding. All animals have certain physiological reactions when faced with something overwhelming and threatening. Fight and flight – with inter alia increased heart rate and stress hormones – have been necessary for our survival. However, some people experience certain phenomena as so challenging that they become chronically stressed and develop health issues, including depression and heart diseases (Cohen and Miller, 2007; Kroese, 2010).

Recent studies show the effectiveness of Gestalt interventions with stressed populations, ranging from teachers in South Africa (Horn, 2009), to tsunami-survivors on Sri Lanka (Perera-Diltz, Laux and Toman, 2012) and veterans with PTSD in Iran (Nazari, Mohammadi and Nazeri, 2014). There is a paucity of Gestalt research specifically on humanitarian workers and stress, however. Other studies have shown that this is a group of people with particular challenges and coping strategies (Antares Foundation, 2012; Welton-Mitchell, 2013). Humanitarian organisations are increasingly concerned about the impact of stress on their staff as well as on the people they work with and the wider environment (ibid.).

Communication, according to the Merriam-Webster’s Learner’s Dictionary (2016), is ‘the act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else’. This definition largely reflects the transmission model or standard view of communication (Shannon and Weaver, 1949). According to this, communication involves a sender, information or content, noise that may interfere, and a receiver.

A field theoretical stance is one of the fundamentals in contemporary Gestalt (Parlett, 2005; Yontef, 2009; Wollants, 2012). This involves looking at the total situation, which consists of mutually influencing forces and relationships, and understanding that any
change in the situation – focused on a person or an environmental factor – affects the whole. Person and environment are intimately and dynamically linked. Moreover, the environment is not any objective outside world, but rather a phenomenal world, the world as experienced by a particular person. Stress depends not merely on the inherent characteristics of a person, nor on some environmental factor, but on the relationship between what is perceived and the perceiver. Stress occurs when an environmental factor is perceived as overwhelming and threatening by the person in a concrete situation here and now. Similarly, communication, when appreciated as a field phenomenon, cannot simply be seen as a one-way information process initiated by a sender and with another person as a more or less passive receiver, but is mutually influenced and co-created by both people and their environments.

In the following, existing research as well as various Gestalt concepts – including field, contact, dialogue, awareness, and experimentation – will be drawn upon in the discussion of the survey results. With regards to Gestalt theory, I assume some prior basic knowledge. As will become clear from the references, I particularly draw on contemporary, relational Gestaltists.

Survey findings: a relational dimension of stress and communication

It should be noted that the second survey was carried out some time after the workshop and answers are probably – hopefully, even – different from what they would have been had the survey been carried out prior to the workshop. Advisers may, for example, have become more aware of certain stress factors in their lives and see other connections.

Humanitarian workers may directly experience, witness or regularly hear about events such as bombing, earthquakes or other disasters. Existing research identifies such experiences and a lack of security as common stress factors (Antares Foundation, 2012; Welton-Mitchell, 2013). However, it is also clear from this research that much of the commonly felt stress has to do with a social/relational dimension, including team conflict, poor leadership, and being away from family and friends.

This social/relational dimension stands out in the survey as well. On the one hand, advisers report ‘loneliness’ and ‘being far away from my family’ as stress factors. On the other hand, there are difficult relationships in their current environment such as ‘bad relation with supervisor/staff’ and ‘having to deal with people who do not support our field of work’.

An anecdote from the workshop can further illustrate this. One of the advisers told me she had been in this line of work for many years and would be fine even when her office trembled due to bombs nearby. In violent contexts, however, colleagues often also become violent in their communication. Now she was dealing with a verbally abusive boss, who shouted and publicly humiliated people in the office. The adviser described her as ‘a tsunami’ and herself as ‘a little mouse’. She started having stomach ache and difficulties sleeping, and finally had to take sick leave.

Historically, the bulk of staff care has focused on interventions after acute events, such as a bombing or natural hazard-related disaster, but in recent years it has become clear that chronic, relational stress can be just as debilitating and tends to be more pervasive (Welton-Mitchell, 2013).

A social/relational dimension also stands out in advisers’ coping strategies. Five out of ten mention talking, or otherwise spending time, with family and/or friends. Others include more general phrases that may also relate to this dimension such as ‘networking’ and ‘communicating’. Again, this is in line with existing research, with 91% in one major study reporting that they rely on social activities (Curling and Simmons, 2010, in Welton-Mitchell, 2013, p. 29). Longitudinal research with humanitarians indicates that social support is associated with lower levels of distress and greater life satisfaction (Cardozo et al., 2012, in Welton-Mitchell, 2013, p. 30).

Factors that most disturb or limit effective advising/communication include ‘poor leadership’, ‘insensitive colleagues’, ‘intra-agency politics’, ‘aggressive verbal and non-verbal communication’, ‘incoherent verbal and non-verbal communication’, ‘lies’ and ‘dishonest people’. Several mention that their role or work is not well understood or appreciated. A few also report their own personal contributions as important. For example, one mentions ‘my own defences’. Another, clearly appreciating the need for good relationships and their own role, writes, ‘I tend to also not meet people if I don’t have a very specific thing I want to discuss. This is a weakness as network and social time could reinforce relationships and make things easier when I do have something I would like to influence.’

Asked what facilitates effective advising/communication, many include factors such as ‘good leadership’ and ‘strong network of support to try out ideas’. Some also highlight the process or relationship with those they are trying to influence. One person lists ‘my personal qualities’ as the most important factor: ‘benevolent, soft, non-confrontational, open and non-judging, good listener’.

Asked explicitly how – if at all – they experience connections between communication, self-care, and stress, most of the advisers seem to experience some connections.
In sum, the advisers find a social/relational dimension to be crucial in the creation as well as reduction of stress and for effective communication. This fits well with the appreciation of relationships and social support in contemporary Gestalt (Hycner, 1985; Jacobs, 1989; Wheeler, 1991; Yontef, 1993; Parlett, 2005; Jacobs and Hycner, 2009; Wollants, 2012). While relational Gestaltists recognise the importance of the environment, an emphasis also remains on personal responsibility and response-ability (Yontef, 1993 and 2009; see also Perls, 1969). It is noteworthy that only some advisers seem to recognise their own contribution to stress and communication through their personal qualities and approaches. I will return to this point below.

Survey findings: ‘There is a huge resistance to change’

On the first day, a Monday, I facilitated a 4.5-hour communication session. This was the session with the most varied ratings and responses. In the first survey, 16% rated the session as excellent, 66% as good, 5% as average, 5% as poor, and 5% as unacceptable.

From the survey responses on stress and communication in their lives generally, we already see that many advisers view others/the environment as significant challenges. From my own observations during the workshop as well, it seems that the perception for some is that they are primarily experts, and the challenge is how to convey their knowledge and change others to become more in line with their vision, based on this knowledge. These others are seen as resistant to change, and difficult, and the challenge becomes how to break down the resistance. For this purpose, concrete tools and answers – from another expert – are needed, and this was an expectation from some advisers during the communication session. Their understanding of their own role, communication and change seems to be closer to the older sender–receiver paradigm in communication (Shannon and Weaver, 1949) – in Gestalt terms also perhaps reflecting an I-It attitude rather than appreciation of I-Thou dialogue (Buber, 1937).

It is worth mentioning that the session had initially been described as ‘communicating with impact and breaking down resistance’ in the programme (possibly also contributing to frustrated expectations). After a conversation with me, NRC changed ‘breaking down’ to ‘working with’. This is, of course, no minor change, but reflects a paradigm shift. Much of Gestalt Therapy (Perls, Hefferline and Goodman, 1951) concerns so-called contact ‘resistances’, ‘disturbances’ and ‘interruptions’. According to more recent relational conceptualisations (Wheeler, 1991; Jørstad, 2002; Wollants, 2012), a living person is always in contact with something or someone; rather than disturbances and interruptions in contact we have different ways of being in contact, various contact styles, including resistance; none of the styles is absolutely good or bad in itself; and they can be understood as polarities, confluence being a possible counterpole to resistance, for example.

We can easily imagine stress and its effects resulting in various contact styles. For example, the physiological flight reaction can result in resistance; the physiological flight reaction can result in withdrawal; and scapegoating, which often increases with stress, is linked to projection. While a contact style always emerges here and now in a concrete relationship and situation, we each have our histories and are more familiar with certain styles than others. When faced with what is perceived as an overwhelming challenge, people become stressed and typically revert to their most familiar and basic styles.

Role play, exaggeration and reversal are typical Gestalt experiments (Korb, Gorrell and Van de Riet, 1989). A major part of the workshop session involved advisers experimenting in triads of adviser/oneself, difficult other and reflective observer. Everyone had a chance to play each role more than once. Some highlight these role plays in the second survey, writing that they gained perspective from seeing what other advisers did, as well as learnt by trying out something new, such as the reversal of what they normally would do. Asked in the second survey to what extent and how the workshop as a whole had been helpful in their work and personal life since the workshop, one person mentions that being aware of what is their ‘natural style of communicating’ and also trying other styles ‘is not always successful … but has become part of my conscious toolbox’. This seems close to the goal of our experiments and Gestalt generally, namely increasing awareness (Yontef, 1993).

At one point while sharing experiences and reflections so far, we also talked explicitly about resistance. I mentioned that a metaphor that many of us live by is conversation as war, evident in language such as ‘breaking down’ another’s ‘resistance’, ‘defending’ one’s ‘position’ and ‘winning’ an argument (Lakoff and Johnson, 2003). I encouraged the advisers to be aware of this and their own contribution to ‘war’. With a relational view of resistance, we can appreciate that it may be that one person is pushing too much or too soon while another person is resisting – resistance being a possible stress response. Parlett writes, ‘A provocative idea for therapists follows from the notion of reciprocal influence, namely that change in the client may be achieved by the therapist changing her or himself’ (2005, p. 53). Something similar may apply.
to the advisers as far as they are facilitators of change. I encouraged the advisers to try also experimenting with approaching the conversation in the role plays in a more dialogic way, more as dance than war metaphorically speaking, and to see what happens. In the second survey – as already mentioned – one adviser lists as a most important factor in communication, ‘my personal qualities: benevolent, soft, non-confrontational, open and non-judging, good listener’. This seems to be closer to the metaphor of dancing and the Gestalt concept of dialogue – which can be considered a special form of contact (Jacobs, 1989; Yontef, 1998) – as involving inclusion and confirmation, presence, and a willingness to surrender to what emerges between the participants and letting oneself be changed in the process (ibid.). Yontef (2009) also highlights similar attitudes as important in a relational Gestaltist, including being respectful, humble, and compassionate.

At another point, I also introduced the idea that some styles – for example, resistance – may be ‘shadows’ or ‘blind spots’ (Zinker, 1977). We discussed what positive qualities resistance might have, including the importance of being able to say no and be clear about boundaries. I then encouraged them to also experiment with resistance in the role plays with awareness and perhaps even to exaggerate slightly. Later, when asked in the second survey about connections between communication, self-care and stress, one adviser writes, ‘When I feel confident in saying no and setting boundaries, I feel less stressed’. This view of resistance as one among many contact styles that may be appropriate in certain situations, is in line with contemporary Gestalt. The survey response can also be appreciated in light of polarity theory and increased flexibility: when able to say no, one can also truly say yes; when able to resist, one can also truly accept (Zinker, 1977). With this increased awareness and flexibility, including the possibility of saying no, one may feel less overwhelmed and stressed in various situations. Also, when acted out with awareness of oneself and the environment, saying no does not necessarily increase stress in others/the environment. It may even have the opposite effect: it may be clarifying to others that one is clear about one’s actual needs; it may also invite others to be clear about their own needs. Such authenticity is an important quality of dialogue (Jacobs, 1989; Yontef, 1998).

I encouraged the advisers to continue aware experimentation with communication after the session and throughout the workshop. Later, midway, I facilitated a conversation between the advisers and the Steering Committee. There were tensions, but my impression was that overall it became a true dialogue. In the second survey, advisers mention this as an important, positive experience. On the other hand, several advisers raise issues relating to communication between the advisers themselves, including ‘a confrontative style of communication’ and ‘entrenched, non-progressive positions’ of colleagues. One person writes, ‘I find there is a huge resistance to change, people find it very difficult to appreciate anything new. I guess this could be related to the same experience we face when we try to negotiate working on gender. My only concern is, are we becoming bullies?’ Clearly, it is important to work on communication internally among the advisers. Good communication among colleagues and others is important for stress relief, as suggested in the section above. It could also have transferable value in terms of communication in the various humanitarian settings to which they are deployed.

While writing this section, I have myself felt some resistance. I have procrastinated, worked on other things, not wanted to go into this. One way I have dealt with it is to not force myself but take time and also talk to others about the topic. Also interesting – and in accordance with the paradoxical theory of change (Beisser, 1970) – is the fact that once I became more aware of the phenomenon, I felt less resistance and could finish the section. Admittedly, it has been tempting for me to dismiss some advisers as difficult and resistant – at least partly projection from my side – and want to defend myself and Gestalt. If I take field theory seriously, it is necessary to explore my role and contribution and the overall situation (Yontef, 2009). Considering that relational Gestalt belongs to a radically new paradigm for many, it is not surprising that there was some resistance among advisers. Resistance may occur because a situation is not ripe for change, for example because there is not enough support for change (Parlett, 2005). I may have pushed too much and too soon for some. Moreover, the communication session was rather short and on the first day of the workshop. This could mean that there was still insufficient support in the form of trust and willingness to experiment. Such factors could be taken into account in a later workshop.

**Survey findings: ‘Verify with the other person if you understood correctly’**

As asked in the second survey about the most important experience from the communication session, one person writes, ‘It is always best to verify with the other person if you understood correctly.’ Before the role plays in triads referred to in the section above, I guided the advisers in experiments based on the ‘meaning exercises’ of Satir (1988, p. 71): one person says a true statement (e.g. ‘it is hot here’) and the other asks questions in order to clarify the meaning (e.g. ‘do you mean you are uncomfortable?’; ‘do you mean
that you want me to get you some water?’, etc.), with the first person only being allowed to respond ‘yes’ or ‘no’. Participants swapped roles and partners, but kept the same true statement. It was meant to increase awareness of our own assumptions and how easily we misunderstand others based on these, how many different assumptions different people might have, and also how attempting to understand – including by checking out our assumptions and interpretations – can build trust and improve communication. As such, this was an exercise focused on two contact styles, namely projection and the checking out of assumptions, a possible counterpole. Seeking to understand the other, and respecting the other’s answer, also made it an exercise in dialogue.

Afterwards we sat in a circle with the group as a whole to share experiences and reflect. One person said that she didn’t feel the need to ask clarifying and follow-up questions to someone when, for example, they say that they are feeling well. Or more precisely: this was what I heard her say. As she continued talking, I felt my heart beat increase, I got warmer and tenser, and I noticed that I was not hearing her well due to my own loud thoughts such as ‘she didn’t like the experiment; I’m not a good facilitator’, etc. Rather than get caught up in a stress reaction, I then tried to model aware and authentic/congruent communication, self-disclosed, and asked to check out an assumption with her, namely whether she meant that she found the experiment unhelpful. She seemed genuinely surprised and said that was not what she meant. A few others had had the same interpretation as me, and the exchange served as a good here-and-now illustration of how checking out assumptions can improve communication. With the permission of this person, I later referred to the incident as a learning experience for everyone. When we are in an uncomfortable and stressful situation – such as I was feeling with this adviser before checking out my assumption – our awareness often narrows and we start seeing the other person as difficult. With awareness and checking out, we may end up elsewhere. Again, rather than having to ‘break down’ resistance or ourselves becoming resistant, we may sometimes get further when conversation is not understood as a war against a difficult other but rather a dance or dialogue.

A similar point was made when another person seated in the circle said something along the lines of ‘I often hear people say “gender is not important”; what use is there in trying to further understand or clarify that?’ I asked her to take on the role of one of these difficult others here and now, to try to sit and be like this person, and invited other advisers to check out possible assumptions they might have. Someone asked, ‘Do you mean that you personally don’t think gender is important?’ Eventually, we did get more information, including that the difficult other – as understood and acted out in this group – personally did think gender was important. This was contrary to the assumptions that some had prior to checking them out, including the adviser who had raised the issue in the first place and was now acting out this difficult other. The latter point is also in line with research indicating that there can be increased understanding and empathy for a difficult other when acting out their role in, for example, chairwork (Kellogg, 2015). This contrasts with typical stress responses such as decreased empathy (Martin et al., 2015), scapegoating, and other critical projections. While there may still be power differences, resistance, and other challenges, we see that awareness, checking out assumptions, experimentation, and empathy may be helpful in dealing with stress and improving communication.

Survey findings: ‘Sharing helps repair the despair’

On Wednesday, I facilitated three voluntary 1.5-hour group debriefing sessions. In the first survey, 50% of respondents rated these as excellent, 37% as good, and 12% as poor.

Due to the short time available for each session, they had to be relatively structured. I opened by asking for consent to confidentiality, which may have helped build trust. Then I explained that each participant had the opportunity to talk about something unfinished, difficult, or something else that they had learnt from and was important for them here and now. Each person had around seven minutes to tell their story, focusing on what happened/is happening, how they felt/feel and how they dealt/deal with the situation. I encouraged everyone else to listen actively and especially be aware of areas of recognition. Then I opened for feedback. In line with relational Gestalt principles, the group as a whole worked as the debriefer rather than me taking an overly active role and individualistic approach (Zinker, 1977; Feder and Frew, 2008; Jacobs and Hycner, 2009).

In the comments box in the first survey, one person writes, ‘I didn’t think I would like this but I found it to be the highlight of the workshop as we shared a common frustration and fear in our work and I bonded with those I thought I had nothing in common with’. Another writes, ‘This was an excellent session as it provided an opportunity to not just share the problems but also build trust amongst the members of the group. It was clear that problems faced are often the same and sharing helps repair the despair.’ In the second survey there are similar responses.

These responses are in line with existing research. Normalisation of phenomena such as stress, fear and frustration is commonly highlighted as one of the...
major benefits of group therapy (Yalom and Leszcz, 2005). This may also involve an increased appreciation of the existential condition of imperfection and may decrease shame and increase connection. Rather than feeling alone and shameful, it is possible to realise that we all share this condition and that it in fact connects us. This can be healing (see also Wheeler, 1997), and in the second survey one adviser describes the session as having provided ‘the space I needed to start a process of “healing” and “de-stressing”.’ More generally, as mentioned previously, longitudinal research with humanitarians indicates that social support is associated with better health (Cardozo et al., 2012, in Welton-Mitchell, 2013, p. 30).

Another person writes in the second survey, ‘Good to know what people have experienced and how we can better support ourselves and each other’. This is also in line with research and theory highlighting the sharing of information as a benefit of groups (Yalom and Leszcz, 2005). I encouraged each person while telling their story to say something about how they had coped with the situation, and others to listen and see whether they could find something good to take away from the story and mention. In this respect, I stretched the concept of feedback (Zinker, 1977; Skottun, 1998), allowing listeners to include something they explicitly liked about the other’s way of coping. That way each person could find the inspiration they wanted from others’ stories for themselves. This is a very different experience from being advised or advising others on the basis of one’s own experience. The person telling their story may also have felt supported by others and felt new appreciation for how they had coped. Some had not initially seen their coping strategy as any good – and this may have been an additional source of shame and stress – and seemed genuinely happy when they got positive feedback. This was the case of ‘the small mouse’ encountering ‘the tsunami’ of a boss. When she got some recognition that being a mouse – being small and even withdrawing if need be – might be the right response in some stressful situations, she seemed to grow there and then in front of our eyes. As such, it was also an illustration of the paradoxical theory of change (Beisser, 1970).

Possible reasons for the difference in responses, ratings and comments to these debriefing sessions and the communication session may include those already mentioned, including timing and that the communication session challenged more entrenched notions of change and their roles as experts and advisers. In addition, while the communication session was compulsory and involved more experimentation, the debriefing was voluntary and more structured.

As already mentioned, social support stands out in advisers’ reported coping strategies. This is in line with other studies (Curling and Simmons, 2010, in Welton-Mitchell, 2013, p. 29). Not surprisingly, however, one study concludes that humanitarians only turn to a colleague when there is trust (Welton-Mitchell, 2013). The confidential and structured group debriefing may have helped in this respect, judging by the quotes above. This could also have an impact on internal communication more generally, and improved internal communication could in turn be stress-relieving and make advisers more open to turning to each other for social support. Again, stress and communication are intimately linked.

Final remarks and recommendations

In this paper I have addressed two research questions: what are the important stress and communication issues experienced by a group of humanitarian workers? To what extent – and how – can Gestalt-based workshop sessions address stress and communication issues experienced by humanitarian workers?

While the surveys reveal a variety of stress and communication factors in the work and lives of the advisers, a social/relational dimension stands out. Depending on the quality of the relationship, they experience this as crucial in the creation or relief of their own stress as well as in limiting or facilitating communication with others. Stress, self-care, and communication are experienced as intimately linked. These findings are in line with existing research as well as key concepts and approaches in relational Gestalt.

While the voluntary and structured debriefing in groups got mostly positive responses such as ‘sharing helps repair the despair’, the communication session got more varied ratings and responses. Resistance became a figural phenomenon in the latter. This may be related to expectations, role understandings, and views of change and communication among advisers, as well as other field conditions, including lacking trust and little time available for this more experimental session.

Some advisers primarily see themselves as experts and others/the environment as problems. In certain situations, such as humanitarian crises, people can easily become stressed and their communication more violent, which in turn can contribute to stress among more people and more violent communication. As one participant put it, ‘My only concern is, are we becoming bullies?’ This cycle can be broken, however, and we had some examples of this in the communication session, debriefing groups and elsewhere during the workshop. With sufficient support and awareness some advisers even experienced empathy, positive feelings and stress relief in situations with a person they initially thought they had nothing in common with or even saw as a difficult other. Relational Gestalt may hold great
promise for stress and communication on various scales, and ultimately help in creating a more peaceful and just world.

References


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Gestalt as a relational approach to Organisational Development

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Received 2 January 2017

Abstract: What is a Gestalt practitioner in organisations and how can we situate Gestalt organisational work within the extensive field of Organisational Development (OD)? This article discusses some of these issues and looks at Gestalt's unique contribution to OD. It does this by providing first a Gestalt view of organisational functioning and selfhood through the metaphor of a wave. This understanding of an organisational self then provides the basis for exploring each step of the OD cycle of engagement, highlighting key considerations and ways of working from a Gestalt perspective.

Key words: organisational Gestalt, Organisational Development (OD), consulting, relational OD, OD cycle of engagement.

What does a Gestalt organisational practitioner actually do? All too often, the answer to this question is reduced to the notion of use of self as tool or instrument (Perls, 1978, p. 56) which is, of course, at the heart of our practice in Gestalt as phenomenological practitioners. Although use of self is essential to our practice in organisations and the most important ‘tool’ for a practitioner, it is however only a partial answer which does not, for me, acknowledge the breadth of what Gestalt can offer to organisational practice.

Attempting to answer this question for myself has led me to reflect on key assumptions and theoretical framings in my own Gestalt organisational practice, and how the contribution of Gestalt can be situated within the field of Organisational Development (OD). OD is a field of applied behavioural science as well as a field of study and inquiry dedicated to improving organisational effectiveness. As such, OD work would include organisational change practices that span interventions such as coaching or team building, to more complex organisational interventions such as large-scale change or culture change projects.

For those, like me, who have come to Gestalt with a grounding in OD and change management work, I hope to highlight what is different in Gestalt’s contribution to OD, what is unique and valuable about how we work. To others, who may be familiar with Gestalt as a psychotherapeutic approach – but are perhaps newcomers to the field of OD – it may provide a helpful frame for an overall organisational engagement process.

For this, I will first present a Gestalt view of organisational functioning to anchor the Gestalt contribution to OD and change in the theory of self in Gestalt. OD practice is always anchored in theory and value base and articulating this from a Gestalt perspective is an essential starting point. A basic building block of OD is the way it conceptualises the phases of engagement with the client system from entry to contracting, diagnosis, intervening, assessing and finally ending. I believe Gestalt offers a uniquely relational influence to the area of OD and I will therefore outline Gestalt’s contribution to the various OD engagement phases and how our theory and practice supports our work with clients.

A Gestalt view of organisational functioning and change

To anchor their work, all OD practitioners need a set of assumptions about how change comes about. Lewin (1951) wrote of needing to ‘unfreeze’ forces in a system to bring about change before a new system ‘equilibrium’ could be found. Other theories of change followed, such as learning organisations (Senge, 1990), self-organising systems (Wheatley, 1992), complex adaptive systems (Olson and Eoyang, 2001), to name a few; and all provide a different shift in perspective that has led to innovation in OD practice.

I propose that Gestalt similarly offers a different and useful perspective on organisations and change from an OD perspective. This view invites us to consider organisations as dynamic and interrelating beings that
are constantly changing as they come in contact with themselves, with others, and the environment in which they operate. This view of an ‘organisational self’ (Chidiac and Denham-Vaughan, 2009) is emergent, embodied and relational and can inform how we view organisational effectiveness as well as guide our OD interventions.

A Gestalt view of organisational self

In Gestalt, our sense of self emerges at every moment from our interaction with others and the environment. The self is therefore constantly changing and adjusting according to the situation within which it finds itself. It is fluid and dynamic, responsive to the environment, and experiencing changing needs and goals as the situation changes.

The purpose of the selfing process, however, is to organise this emerging and changing experience to make it meaningful. Organisation of the field in this way is termed the ‘self-function’ and is accompanied by the ‘self-structures’ of ‘id’, ‘ego’ and ‘personality’ (Perls et al., 1951/1994). These are different aspects of the self that are part of the ongoing process of self-formation and destruction. The Gestalt concept of self provides us with a relational framework for interacting with the world, one in which we impact on, and are impacted by, what is around us. Furthermore, it takes account of emergent, out-of-awareness processes, as well as more conscious and enduring aspects of ourselves.

As complex systems, organisations – like individual people or groups – can be meaningfully viewed through the lens of the Gestalt theory of self. That is, they are also formed within a network of emerging relationships and depend on those relationships. They are also constantly changing and shifting as these relationships change. The view of the organisation as self is best captured through a wave metaphor, shown in Figure 1, where:

- The actual body of the wave (or ego function) is the most visible part of self-functioning in terms of what the organisation says or does – its resulting action. Also visible are often the clearly identified influences on an organisation (e.g. supplier pressures, policies, etc.) which are represented in the model as the surface wind that influences resulting action. As organisational practitioners or consultants, this is what we are most often called in to support: the more clearly visible or articulated aspect of the organisation’s functioning, e.g. its strategy, action plan or (broken) processes.

- The seawaters below the wave (or id function) are the less visible internal dynamics of an organisation – usually less in awareness and not articulated by the organisation. Typically, these are the internal dynamics and influences that have not been recognised by the organisation, such as internal rumours or covert power struggles.

- The seabed (or personality function) represents the more ‘sedimented’ ways of being of an organisation which are linked to the prevailing narrative and culture. In Gestalt theory, the personality function is the enduring or slow-moving aspect of self. It is our narrative or story and contains the meaning we have made from the accumulation of our experience. As such, we can easily see how the seabed/personality function forms a ground that can contribute to organising other aspects of self. In an organisation context, the story or history of a group or organisation shapes its distinct rules, values and way of being – the ‘way things are done around here’ – and we can often see this reflected in many details in that organisation from who gets allocated a parking slot or what is the layout of office desks.

Figure 1: The organisation as self – a wave analogy
The advantage of the wave conceptualisation is that it speaks to today's interconnected economy in which organisations (even large ones) are not islands, but rather operate within a web of connections and need to adapt to these and their changing environments. In that sense we can recognise that the id function is a combination of both internal dynamics (swirls in the seawaters) or external influences (underwater currents) and similarly that the face of the wave can also be influenced by acknowledged and visible external pressures (local winds).

Our theory of change in Gestalt is based on heightening awareness of all influences and thus allowing more choicefulness in terms of resulting action and therefore change. As Gestalt practitioners we therefore focus on raising awareness of both id and personality functioning and make links to how this is impacting resulting action – i.e. the face of the wave. Further examples on using the wave analogy can be found in Chidiac (2013).

What is OD?

OD emerged in the 1950s and ’60s as a field of organisation change practice based in theories from the emerging field of social psychology founded by Kurt Lewin. As such, OD is a values-based process (Jamieson and Gellermann, 2006) inspired by many of the humanistic values: the service of others, care for the well-being of all human systems, and striving for their growth and development of potential (ibid., p. 62). Indeed, Nevis (1997) makes the point that having evolved out of the same period, Gestalt and OD share similar basic assumptions and values. It is important, however, to remember that as a phenomenological and field-theoretical relational practice, Gestalt also holds to values of connection (Lee, 2004) which mean that ‘in order to understand another person, we must understand the quality of connections, the relationships, that are part of his/her, self/other field’ (ibid., p. 14). In a global and diverse world, this stance is crucial and supports the work of many Gestalt OD practitioners internationally.

More recently, Cheung-Judge and Holbeche defined OD as ‘a field of knowledge to guide the development of organisation effectiveness, especially during change’ (2011, p. 11). Although OD interventions can focus on improvement in organisational structures, processes and systems, Gestalt’s primary input to the field of OD is in addressing the relational, intersubjective and personal element of organisational life and can either stand alone (as in coaching or team building interventions) or support organisational interventions around changing systems, processes or structures.

The table below attempts to situate the field of Gestalt OD by comparing some core change assumptions between a traditional OD approach (originally influenced by behavioural research and still in use in many organisations) and a Gestalt OD approach. In the face of rising complexity and connectivity of a global and competitive environment, organisations and OD practitioners increasingly recognise the need to balance their traditional planned, structural change methods with the unpredictability of newer emergent approaches (Liebhart and Garcia-Lorenzo, 2010). The latter, such as complexity theory for instance, offer new insights but are at an early stage in translating these into human action and behaviour. This leaves practitioners often applying emergent approaches in ways that still strive for certainty. This is where, in my view, lies the uniqueness of a Gestalt approach that builds on a relational and emergent psychotherapeutic tradition. Highlighting the uniqueness of Gestalt to the field of OD is valuable in itself whilst also recognising that it is not possible in this

<table>
<thead>
<tr>
<th>Traditional OD</th>
<th>Gestalt OD</th>
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<tbody>
<tr>
<td>Individual, group or organisational behaviour is knowable, predictable and controllable.</td>
<td>Individual, group or organisational behaviour is a function of the relational field in which it is embedded.</td>
</tr>
<tr>
<td>Change is episodic, planned and can be reduced or abstracted to an isolated person or system.</td>
<td>Change is constant, emergent and a relational process.</td>
</tr>
<tr>
<td>Facts and data lead to change.</td>
<td>Heightening awareness in the present moment leads to change.</td>
</tr>
<tr>
<td>Change is driven by experts and is top-down.</td>
<td>Change requires a balance of challenge and support.</td>
</tr>
<tr>
<td>The practitioner is a subject matter expert and applies methodologies and tools to bring about change.</td>
<td>The practitioner uses his or her self as an instrument of change.</td>
</tr>
<tr>
<td>Change is assessed against a predefined model of what a ‘good’ leader, team or organisation looks like.</td>
<td>Change is guided by aesthetic and embodied knowledge as well as explicit knowledge.</td>
</tr>
</tbody>
</table>
Gestalt as a relational approach to OD

article to expand more fully on the differences shown in Table 1 (for more information, please see Chidiac, 2017).

Those practitioners already well-versed in OD may recognise from the above table that Gestalt offers a different and challenging approach to OD work. Challenging because it is often more demanding to unlearn than to learn anew and, I have come to realise both from my own experience and my teaching, that a relational Gestalt frame of co-emergence and embodiment often involves a difficult deconstructing of traditional OD assumptions around being the expert and providing certainty.

The OD cycle of engagement and action research

The OD cycle is a route map for organisational practitioners to guide them through managing the helping process in dealing with organisational change. Looking at a typical, sequential, phasing of an organisational change project, Tschudy (2006) identifies eight phases (Entry/Contracting; Data Collection; Data Analysis; Feedback; Action Planning; Action Taking; Evaluation; Termination).

The action research method – based on Lewin’s (1946) concept – is at the heart of OD practice and can be glimpsed in these eight phases. Lewin recognised that in order to solve real-world issues, action and research needed to be paired. This meant that those affected by the problem being explored needed to be actively involved in the diagnosing, planning, acting, and evaluating the effects of action to ensure their emotional investment to support the change. It is worth noting that the theoretical foundations of action research lie in Gestalt psychology which highlighted the importance of awareness in the change process and that change can only be achieved by helping individuals reflect on and gain new insights into their situation.

To better reflect the co-created nature of our work in Gestalt, I propose to use the 5-phase engagement process shown in Figure 2 as being more congenial to Gestalt in the sense that it highlights the iterative nature of the action research cycle as well as clearly signalling the co-diagnosis as a mutual engagement of practitioner and client. The similarity of this action research cycle to the Gestalt Cycle of Experience (Nevis, 1987) will not be lost on Gestalt practitioners.

The remainder of this article will explore these phases of the engagement cycle, highlighting key considerations and ways of working from a Gestalt perspective. It is important, however, not to view these phases as linear or indeed set sequential stages of an OD engagement. When supporting a client in developing their senior managers’ leadership capability for example, different types of interventions, such as training workshops, inquiring into succession planning requirements or team coaching, may trigger another round of contracting.

It is not possible to explicate in full each step of the engagement process in an article but hopefully what follows will provide some insight based on personal implications and reflections in working from a Gestalt OD perspective.

Entry/Contracting

Awareness of pre-entry

Entering a system is always a hazardous act. This is when I am more likely to cross boundaries that I am un-aware of and make (often erroneous!) assumptions about a new organisation based on my previous experiences. It is also easy to confuse the entry stage with the first face-to-face meeting with the key client whilst much contact would have usually occurred before that point. From a Gestalt field theoretical perspective, it is helpful to hold the context of this pre-entry stage in awareness and recognise that it would unavoidably configure that first meeting. For example, a practitioner who gets recommended for a piece of work through a common

Figure 2: Engagement cycle in Gestalt OD work
Building a working alliance

Gestalt methodology and practice is relational in the sense that it stresses the importance of relationship as a vehicle and container for change to happen. Establishing a working alliance is therefore an essential building block for the work of a Gestalt practitioner. This involves the development of an ‘active partnership, a bond of trust between you and your client in which you share a mutual understanding of your work together and its goals’ (Joyce and Sills, 2014, p. 43). This step can be complex when engaging with a large system or organisation where the client is often not the individual procuring the piece of work. On large projects, it is common for instance to have key work-withs in joint consultant/client teams. This serves both the purpose of heightening client engagement as well as transferring capabilities to the client organisation. Managing these working relationships as well as the more formal contracting and reporting relationships is not easy.

‘Who the client is’, is a known dilemma in considering OD work and Gestalt thinking would support Burke’s (2011) view that ‘the ultimate client is that behaviour in organizations represented by interactions, by relationships and interfaces’ (pp. 48–49). As a result, varying levels of contracting and working alliances will be needed with different stakeholders. For Gestalt practitioners, change can only be supported in relationship, so attending to and nurturing these working alliances is a key aspect of an organisational engagement.

Iterative contracting

Upon entering a system I am often met with the client’s view of what needs to be done. Client expectations and desired outcome from an OD engagement are usually based on what is factual, visible and needs prioritised attention (e.g. a process that is not performing well or a team that is not producing the expected results). As portrayed in the wave model, these issues are often the visible signs or symptoms (ego functioning level) which result from id or personality function issues at a deeper and less-in-awareness level. Tackling the ‘broken’ process through, for example, a process re-engineering intervention would yield results in the short term but alone would rarely be sustainable. So the tension at the entry stage is to arrive at a contracting agreement that holds both the client’s needs in the moment and the possibility to explore what is less in awareness, and intervene at that level. The following case provides an example of such iterative contracting.

Working within a pharmaceutical organisation to support the integration of complex IT systems following a merger, the stated client need was for a project office to track and bring together key integration activities with which the organisation was struggling. Alongside this clear priority task, I highlighted during an initial contracting conversation the need to also understand the reason for the struggle (which seemed to go deeper than resourcing issues) and the potential impact of the merger situation. Despite little initial interest, the client agreed to low-cost interventions such as focus groups to inquire into the organisation’s struggles. Anonymised feedback from these interventions was reported back and gradually, iterative contracting allowed for more interventions and for cultural issues between the two merging organisations to emerge and be worked with. These issues were embedded in the personality function of each organisation and related not only to differences in national culture (British and Swiss) but also to how ‘things are done around here’, the culture of the community. Acknowledging this ground allowed for retroflected feelings around the merger to be voiced and the struggle around the integration of merger activities to be acknowledged and dealt with.

In Gestalt, it is useful to think of the contracting stage as an iterative process that can be revisited and remains fluid to respond to the emergent needs of the organisation or project. This view of ‘contract’ and level of changeability requires trust between parties which might take time to establish. It also demands of the practitioner, as Staemmler (1997) writes, to cultivate uncertainty and be optimistic, expecting change to be possible even if it cannot yet be discerned. I have found that naming this early on in the engagement is helpful nevertheless.

Co-diagnosis

The word diagnosis itself implies a medical model which does not sit well with Gestalt’s field relational, emergent and co-created stance. The term co-diagnosis fits better with a Gestalt collaborative approach where consultant and client come together to explore a given situation not from a starting point of assuming a problem but with a stance of enquiry and curiosity.

Many models are used to frame organisational diagnosis efforts. All these models (such as the Weisbord Six Box Model (1976), the McKinsey Seven S Model (Waterman et al., 1980) or the Galbraith Star
Itself a powerful intervention!

practitioners, a well-run collaborative diagnostic is in

phase to act as a catalyst for change. For Gestalt

the organisation lose the opportunity for the diagnosis

behind closed doors and the outcome then imposed on

Approaches where data is collected and analysed

as possible from the client group or organisation.

ideally this phase requires as wide an engagement

client group/organisation. In practice, this means that

out the diagnostic exercise and then feeds back to the

not an expert who imposes a diagnostic frame, carries

practitioner is a partner in the diagnostic activity and

that the client be closely involved in the ‘awareness’

in each of these areas and their impact on each other.

The key aspect in a Gestalt co-diagnostic is to make

linkages between what is typically less in awareness

(in the id and personality functions) and the resultant

action or behaviour (ego).

It is interesting to note that Gestalt sits midway

between the diagnostic OD and dialogic OD continuum

identified by Bushe (2013). The latter distinguished

two major forms of OD practice where: diagnostic OD

process is ‘driven by diagnosing how to objectively

align or realign organisational elements (strategies,

structure, systems, people, practice, etc.) with the

demands of a broader environment as suggested by

open systems theory’ (Marshak and Bushe, 2013);

whilst dialogic OD is a more fluid, socially constructed

perspective on change, where actions result from

prevailing narratives, stories, metaphors and

conversations through which people make meaning

of their experience (ibid.). Although Gestalt includes a

diagnostic process and can be viewed from within the

more traditional action research frame, it also holds

any diagnostic assumption lightly, allowing room

for emergence and newness. Rather than an expert

position, the practitioner must cultivate uncertainty

(Staemmler, 1997) and recognise that ‘every impression

I get from my clients I get at a unique point in time,

in a situation that cannot be repeated, and under my

particular influence’ (ibid., p. 47).

A co-diagnosis

Gestalt principles hold that awareness leads to change.

Applying this to my work, it was clearly important

that the client be closely involved in the ‘awareness’

process arising from the diagnosis exercise. A Gestalt

practitioner is a partner in the diagnostic activity and

not an expert who imposes a diagnostic frame, carries

out the diagnostic exercise and then feeds back to the

client group/organisation. In practice, this means that

ideally this phase requires as wide an engagement

as possible from the client group or organisation.

Approaches where data is collected and analysed

behind closed doors and the outcome then imposed on

the organisation lose the opportunity for the diagnosis

phase to act as a catalyst for change. For Gestalt

practitioners, a well-run collaborative diagnostic is in

itself a powerful intervention!

An emergent activity

Data collection for a Gestalt practitioner is a

continuous and never-ending activity (it is all data!).

The Gestalt ‘use of self’ implies that the practitioner’s

phenomenological experience and observations are

a rich and valid source of data. This more emergent

rather than planned approach to data collection

requires of the practitioner to hold uncertainty as to

what the outcome is like and acceptance that data is

fluid and changing from moment to moment. This is

counter-cultural in many areas where data collection

is approached with a sense of ‘the end in mind’ or a

strong hypothesis. The latter is a useful starting point

but as a practitioner I must also attend to my blind

spots, biases and preferences. The role of supervision

in this case cannot be overstated.

Sharing indiscriminately

Both the power and the weakness of a phenomenological

method are that all data is meaningful. Structured

categories of data and meaning-making make way

for the richness of emergence. Often, as a Gestalt

practitioner, I need to sit with uncertainty and not-

knowing as a useful stance to model to the organisation,

thus allowing for newness and a different type of

knowing to crystallise. In those moments, it is useful to

recognise when and what to share; to be discriminate

and not assume that all phenomenological observations

are meaningful or more valid than those of my client.

Again, a practitioner sharing his or her subjective

noticing is an intervention in itself, and should be done

with care of both context and the level of support of

the listener. In my early consulting days, I recall, for

example, moments when highly observant and intuitive

consultants were thrown out from client meetings after

sharing their perceptions of the organisation. Although

these consultants may have been accurate in their

observations, they did not calibrate and attend enough

to the client’s level of support in hearing the feedback

in that way and at that moment. A co-emergent process

implies, of course, that we will not always get this

right as we cannot anticipate our client’s reactions, so

presence and responsiveness to what emerges are key.

Choosing/Intervening and Evaluating

What do we mean by intervention? At the simplest

level, it is what needs to happen to support a group

or organisation to change. Nevis writes that ‘all

acts of organizational consulting can be considered

interventions’ (1987, p. 48) and indeed, we recognise

that simply ‘turning up’ to a client site or sitting in on a

meeting can be viewed as an intervention in the sense

that it will change the situation fundamentally.
I found it helpful to consider the following questions as a framework for designing interventions:

1. What is the intent of the intervention?
2. What is the level at which the intervention will be aimed?
3. What is the mode of the intervention?

What is the intent of the intervention?
The overall intent of a facilitator of change is to support the organisation’s creative adjustment (Perls et al., 1951/1994) by ensuring that it is sensing its environment (id functioning), moves with awareness into an action that responds to the need of the moment (ego function), and sustains the resulting change (personality function). The Cycle of Experience (Nevis, 1987) – which was derived from the Gestalt theory of self – is similarly a useful framework on which the practitioner can lean to focus the intervention:

- Sensation – Does the group/organisation need to do more sensing of its environment and itself in order to tackle the problem?
- Awareness – Does the group/organisation need to agree on a joint figure of interest to move forwards?
- Mobilisation – Does the group/organisation need to attend to the way it is mobilising and planning for action?
- Action – Does the group/organisation need to move towards action?
- Contact/Change – Does the group/organisation need to attend to the way action and change are implemented?
- Resolution/Closure – Does the group/organisation need to review what has occurred, reflect and gather learning?
- Withdrawal – Does the group/organisation need to let go of a particular problem/issue and let things ‘sink in’?

What is the level of the intervention?
Many Gestalt writers (Kepner, 1980; Rainey Tolbert, 2004) have emphasised the usefulness of general systems theory concepts in the application of Gestalt in organisations. Indeed, in attempting to support our thinking and designing of interventions, it is helpful to consider levels of systems as a way of determining the most effective point of intervention. Interventions can be applied to the following levels of system:

1. The organisation/community as a whole.
2. The group, team or department.
3. A subgroup within a group.
4. Self and other; both the dyadic and interpersonal.
5. Self-system; both the person/world boundary and intrapsychic.

Typically, in OD interventions all these levels are considered and it is generally a good rule to keep to the highest level of intervention first. This ‘rule of thumb’ comes, however, with resource and cost implications which often need to be taken into account. In designing interventions, I have often found myself faced with the dilemma of finding the right compromise between available resources and greatest level of engagement and visibility.

What is the mode of the intervention?
In other words, how will the intervention be carried out in practice? Varying modes of OD interventions have been written about in great depth. Some of these are listed in the table below as examples of interventions to which Gestalt practitioners might usefully bring their skills. The detail of how to carry out each of these interventions from a Gestalt perspective is beyond this article and still a useful area of exploration in terms of the application of Gestalt to organisations.

Grading your intervention
Irrespective of the mode of intervention selected, it is important to consider the level of support in the system at any one time. For example, before selecting a town hall meeting as a way of communicating the latest strategic direction and gathering feedback, I must consider if the organisation’s culture would support people to question senior management in an open forum. If not, then how can I downgrade the

| Table 2 |
|-----------------|-----------------|-----------------|
| Individual      | Team/Group      | Organisation    |
| Coaching        | Team Coaching   | Open Space      |
| Mentoring       | Leadership Development | Town Hall Meetings |
| Personal Development Plans | Action Learning Sets | Mergers and Acquisitions |
|                 | Training        | Visioning Workshops |
|                 | Dialogue Workshops | Re-Structuring |
|                 | Conflict Management |                 |
|                 | Diversity Workshops |                 |
intervention to introduce more support and greater safety for the intent of the intervention to be met nonetheless – such as the use of anonymous questions.

An evaluative and responsive culture
It makes little sense in a Gestalt context to separate ‘intervention’ from ‘evaluation’. As a phenomenological method of working, all interventions need to be understood in terms of how they impact the client or system and so a review or evaluation needs to be understood as part of the intervention. An evaluation of an intervention can be as simple as leaving five minutes at the end of a meeting to gather immediate feedback, to a more complex survey-type intervention. Evaluation data then needs to feedback into the next intervention or re-contracting activity. I have found that applying this evaluative approach to all interventions is a simple yet powerful way of developing a more sensing and responsive culture within an organisation.

Evaluating outcome
In addition to the evaluation of individual interventions, it is useful, on larger projects especially, to keep the overall desired project outcome in mind. This would be typically linked to business strategic objectives. So I find it helpful to clarify at the (iterative) contracting stage what are the measures of success, and what is the process through which these may be reviewed – and possibly changed! In our focus on the intersubjective and personal elements of change, it is vital not to overlook in a Gestalt approach the hard quantifiable measures that could be supportive of and linked to the more qualitative, subjective measures of a change process.

Ending
Recognising and preparing for the ending
The end of an OD engagement is sometimes clear and recognised by all but, more often than not, I have found there is always more work and improvements to be made. Sometimes the end is signalled by the client’s funding running out, and so ending activities are not prioritised as the client’s focus is on still getting things done. As Gestalt practitioners we know that attending to endings is an important aspect of ensuring a closed gestalt and not leaving the group or organisation with ‘unfinished business’ (Perls et al., 1951/1994). Endings therefore need to be negotiated and prepared for. As a practitioner, I find that at review points it is useful to ask the question ‘what needs doing and what does the organisation still have energy for?’ As Gestalt practitioners, a key ending activity is naming what has been done but also what has been missed or left unfinished and thus bringing that unfinished dynamic to awareness. For example, after coaching a multi-disciplinary team for four sessions and the coaching budget being limited, it was helpful for both myself as the coach and for the team to recognise that our work had not managed to tackle some underlying conflict successfully. Naming this openly seemed to motivate members of the team to address this and also, I felt, to shift the responsibility for this from me as the coach to the team where it belonged.

A primary ethical objective of OD practitioners is to make themselves redundant and leave the organisation with the capabilities needed to continue functioning without them. Unfortunately, this is rarely considered in the design of an OD project and capability transfer is not attended to early enough, if at all. Issues of dependency and hubris or arrogance on the part of the OD practitioner clinging to an expert position may often contribute to poor endings. Naming this early in the engagement process is, for me, an important and ethical consideration.

Sustainability of change
In Gestalt we view sustainability as an assimilation of change at the level of personality functioning (sedimented in the seabed). This means that new experiences, behaviours or actions require both time and momentum to be assimilated into becoming ‘the way things are done around here’ and replace other habitual thinking and behaviour. I have found that attending to this assimilation of experience is important throughout an OD project and not just at the end. Gestalt facilitates this through its emphasis on active experimentation that supports awareness raising and anchors new learning. Assimilating activities may include, for example, reflections on lessons learnt, specific training or experiments to crystallise new ways of behaving around a particular process or even just a shared team commitment to behave differently.

Conclusion
This article has attempted to provide a perspective on how a Gestalt OD practitioner engages and attends to working in organisations. The article has stemmed from a desire to explain the work of Gestalt organisational practitioners as well as situate Gestalt organisational work as a relational practice within the heart of OD.

The field of OD is itself constantly changing and evolving with the demands and needs of organisations themselves. The increasing complexity and uncertainty of change situations mean that predetermined, planned and top-down change methodologies are no longer adequate. I believe that now, more than ever,
the iterative, collaborative, relational and emergent nature of Gestalt theory and practice is needed in organisations (Chidiac, 2017).

The Gestalt conceptualisation of an organisational self in a wave metaphor and the ensuing reflections on the OD engagement process outlined in this article have supported me in my own ongoing development as an OD practitioner. These reflections leave much still to be named and explicated in how Gestalt OD practitioners go about their work – their ethics and engagement with clients that are unique and valuable. My hope is that this article will support and inspire others to come forward with their work as Gestalt practitioners in organisations and provide more case studies and research in this area.

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The child and the parents in psychotherapy: expanding the Gestalt therapy view

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Received 19 December 2016

Abstract: The purpose of this paper is to approach the relevance of caring for parents during the psychotherapeutic process of the child, since the family system as a whole is stronger than its parts. The family field contributes to the formation of the child’s subjectivity and identity and also to symptoms and pathologies. Disturbances reside in the organism/environment field. For Gestalt therapy, an emotional problem is not exclusive to the individual, but arises from a field that may contain dysfunctional relationships. Children's psychological and behavioural disruptions may emanate from unsolved childhood tragedies and dramas in their parents. When ruptures and conflict arise, seeds of psychopathologies are sown. The therapist works to gain access to each one's pain, to promote the contact of parents with their hurt inner child, to re-establish awareness of each person's place, role and significance within their family, and to integrate polarities and alienated parts.

Key words: Gestalt therapy, family, child, inner child.

Introduction

My extensive professional experience in public service in Brazil, working at a psychiatric hospital and a medical and psycho-pedagogical orientation centre, a multiprofessional unit directed at children and adolescents, has contributed immensely to building my clinical knowledge and practice with children and their families. In conjunction with my training in Gestalt therapy and theory, which views individuals and the world as a totality, intimately connected via interdependence and reciprocity, I began considering the immense influence of family and parents on the formation of children's identity, as well as on their emotional disturbances. I realised that, without caring for the parents, the chances of significant changes occurring in the child were slim.

In general, when children come to therapy, they represent a figure-symptom-part that stands out from a background-family-whole where interpersonal relations are disturbed. Children may not understand why they are going to therapy, whilst their parents in turn may not acknowledge their part in the child’s problematic presenting behaviour. Clinical practice has taught me that the younger the child, the more likely it is that their difficulties originate with the parents, and the more the therapist will need to meet with the parents to provide them with guidance and support.

Thus, one of the relevant tasks of the Gestalt therapist who works with children is to include parents in the treatment to raise their awareness of the meaning of the child’s symptoms in the context of the family and also to clarify how each parent’s respective inner child emotional woundedness may be contributing to the child’s problematic behaviour. As quoted by Clarkson (1989), 'Unresolved childhood situations are often experienced as unfinished situations or incompletely formed Gestalten. These unfinished situations continue to disturb the person in adult life' (p. 7).

Psychotherapy with children depends greatly on the parents' empathy, acceptance and trust in the professional. Problems can arise if a parent competes with the therapist for the child's exclusive love, their inner child neediness feeling threatened by the child's relationship with the therapist. Other parents may be dismissive of the therapist and psychotherapy, their hurt child reacting against perceived authority. Parents who lacked affective attention in childhood may manifest this by denying the existence of any psychological problem their children might have. In such cases, the child’s behavioural and psychological disorders may stem from parents’ unsolved childhood dramas, which are now projected on to their children. On discussing the theory of the 'removal of inner conflict', Perls and Goodman (1977) indicate that 'the disturbances are in the field; true, they spring from the “inner conflicts”
of the parents, and they will later result in introjected conflicts in the offspring as he becomes freestanding’ (p. 64).

One of the aims when caring for the parents is to give them the opportunity to relive their own childhood, in such a way that they can reconnect to their hurt child and be open to a process of personal growth. According to Kolodrub-Burtaine (1989), ‘We speak in Gestalt of adults who live “as if” they were still children, who live “as if” they have to keep manipulating the world as they did their parents in order to get their basic needs met’ (p. 1). Some fathers compete with the child for the mother’s love because they have not let go of their place as a child. A four-year-old boy went to therapy due to sleep problems (he would wake up several times during the night) and aggressive behaviour with peers at school. The mother said that the father complained that she gave the boy excessive attention and had forgotten to ‘be a woman’ (have sexual relations) with him. In turn, the mother complained that the father did not play his paternal role, did not help care for the child or contribute to the household expenses, spending money on superfluous things for himself and acting as if he were single. In one of my sessions with the father, he became aware of the confusing relationship he had lived with his own mother, who excluded and deprecated her husband (his father) and charged him with an intolerable and incomprehensible burden of love. The therapeutic task at hand was to help the father link the current situation to the past, which was full of feelings of anger, grief and fear, so he could stop blaming his mate for his feeling like a rejected child and not the most important person in her life.

Gestalt theory is based on a holistic view of the whole part, in which each individual is a part that affects the identity of the whole, and the identity of the whole affects the identity of the parts, postulating that we are not a pure ‘self’. We are part of several other ‘selves’ and we have parts of these other ‘selves’ in ourselves (relatives who we lived and related with, connected to other wholes to which we belong), which define a trans-generational family self and a personal self with specific psychodynamic. Wheeler (2002) makes an important statement about this holistic principle: ‘Every part of the field is a part of each one of us. … We are deeply part of each other and in our belongingness, to each other and to the field that we share’ (p. 78).

Children and their families are intimately linked, and the history of the parents as experienced in the trans-generational family field strongly influences the identity formation of their child. Kempler (1978) states that ‘Family is the imperative You: the essential other’ (p. 17). We learn to relate via contact and the affective bonds constructed with other family members. The qualities of contact and of the bond are responsible for the emergence of feelings of belonging, inclusion and identification with the family totality. When a member feels excluded from the family, some kind of emotional disorder may arise. And when we deny certain characteristics and behaviours, we are not functioning with all of our potential and possibilities. The suppression of needs, desires, and wills creates a manual of false identifications. We spend a significant part of our time trying not to face our own fears, fantasies, and desires that interrupt the flow of contact and love through our lives.

Field and intersubjectivity: the child–family unit in health and pathology

Healthy children are spontaneous and impulsive. Spontaneity is essential to health. It is a natural impulse, and when expressed in action, creates the experience of ‘I can’, ‘I think’, ‘I am’, directing the process of identification, which is guided by experiences lived in accordance with the organismic choices of the self in formation. Oaklander (2006) states that ‘the healthy infant comes into the world with the capacity to make full use of her senses, her body, her emotional expressions, her intellect’ (p. 6) and the total organism is functioning in an integrated way, trying to make sense of the world as the intellect develops.

Perls, Hefferline and Goodman (1997) describe development considering both health and pathology:

The description of health and psychological pathologies is simple. It is a question of identifications and alienations of the self in formation: if an organism identifies himself with his self in formation, he does not inhibit his own creative excitement and his search for a coming solution; and, inversely, if he alienates what is not organically his, as a consequence it cannot be vitally interesting because it dilacerates the figure/background ... however, on the contrary, if he alienates himself and, due to false identifications, he tries to subjugate his own spontaneity, he makes his life insipid, confusing and painful. (p. 49)

Parents, however well-intentioned, may block the full development of the child’s potentialities and authentic manifestation, as they tend to transmit their introjected personal beliefs and adapt the child to society according to their rules, beliefs and (dis)-individualised values. Perls (1977) makes an interesting statement regarding this ongoing social drama:

Even among well-meaning parents, rarely is the development of children’s potentials facilitated. These have to be molded into something that will be approved by their parents and society. This imposes two types of processes: the mutilation of some attitudes and the artificial development of others. (p. 79)
Healthy parents encourage their child’s genuine affective expression instead of inhibiting spontaneous excitement to explore the world and cope with the environment. Warnings such as: ‘Don’t climb trees, you will fall down! Don’t fight! Don’t be angry! Don’t run!’ are expressions of parental fears. What happens is that some parents carry with them an inner child full of fear, pain, anger, or sadness, which is activated when they find themselves in situations that rekindle the painful memories of childhood.

There was a thirty-eight-year-old woman, for example, who as a child was separated from her parents and siblings and given over to her maternal single aunts because her mother had to take extra care of one of her brothers who was sick. She grew up believing that ‘family has to be united’ in order to avoid another separation of the kind that caused her suffering. As an adult, she was afraid of separation and exclusion, of creating attachment bonds to significant others and intolerant of third parties in affective relationships. Her needy child manifested itself in these situations with tears, jealousy and insecurity. The authentic expression of her primary needs was inhibited, leading her to live an ‘as if’ personality, the role of the good child.

For Gestalt therapy, an emotional disorder does not lie exclusively in the individual; it resides in the field, the co-created reality between self and other. The therapist seeks to understand the connections between the parts that organise the whole and that lead to a given pattern of communication, behaviour, perception and unhealthy contact. In the words of Parlett (2005): ‘The field is organized, and therapy involves the mutual investigation of how it is organized’ (p. 48). For each pattern we maintain, there is an introjected experience that carries an unfulfilled need, an open gestalt, which creates certain experiences, the repeated patterns, the dysfunctional contacts, as it leads to a compulsion to repeat past experiences.

Field theory states that for the child to change, the family environment must change and offer support for the changes expected from the child to occur. There can only be significant transformation in the child if the parents are willing to change their way of interaction, communication and contact (Antony, 2014). Parlett (cited in McConville, 2001) emphasises the force of the contextualising field:

If personal and situational are not divided but seen together as one realm, then changes in one part of the field will automatically lead to changes in other parts of the field as well … changes in habitual patterns of behavior occur only if there is enough accompanying support in the field, linked to a compelling invitation ‘to risk doing something differently’. (pp. 47–48)

A nine-year-old boy who came to therapy as a victim of bullying revealed his introjection: ‘We cannot say bad words, we must not fight, we must control our anger, we must solve problems with our intelligence.’ When he began talking back to his peers at school and also to his parents when he felt wronged and repressed, he was punished for his disobedience. The boy was confused because on the one hand he was learning to defend himself and express his thoughts and feelings (through the therapeutic task of strengthening the self, developing his aggressive energy), but on the other hand he was reprimanded by his parents who did not support his new behaviour. This process towards increasing self-confidence, autonomy and self-support had to be explained to his parents so that they could reassess their beliefs, expectations, and demands toward their son and thus support his emotional and behavioural transformation.

Cure comes when the parents can empathise with the child’s pain and conflicts, when they can admire the hidden qualities, so as to see the real child in front of them, not the ideal one they would like to have. This awareness process can lead each parent to reappropriate for themselves aspects of their personality that have been denied since childhood. Conflicts emerge as a result of the projected parts of their personality that originated from the projections made by their own parents. These games of projection sustain the trans-generational transmission of emotional disorders that result from interrupted contact that disturbing the flow of love in the family relational field.

The interruption of contact and of the flow of love in family relations

I believe that the great human drama responsible for psychological disorders is the experience of love that occurs (or does not occur) in the primary relation between child and parents. Parents’ love for their child is a determining force in their future choice of mates and relationships. Moreno (1994, cited in Marra, 2008) states ‘This love exists long before the child was born and goes on fulfilling the expectations from the moment they are born. The relationship between the child and their parents is the keystone of our social life (p. 62)’. Family is the cradle where we develop the ability to establish good contact, a sense of belonging to the world, the feeling of self-love and the acceptance of significant roles to be performed in later life.

In the words of Winnicott (1983), ‘Love means the totality of the care with the child that favors the process of maturity. That includes hatred’ (p. 94). On addressing the development of self-confidence as the basis of a healthy personality, Briggs (1986) asserts that the language of love is respect, protection, empathy, and acceptance of individuality. To this list, I would add the acceptance of differences and the disabilities that
children carry with them. Unconditional love accepts the different other with their alleged disabilities and insufficiencies. Children need to build the following beliefs to be emotionally healthy: ‘I am loved the way I am, I deserve to be loved, I have value’. These beliefs are the source of self-love, which sustains the capacity of self-nurturing and self-support that will provide them with conditions to recognise their personal qualities, find comfort in tense situations, and trust themselves in their personal life choices.

Our greatest interpersonal existential dramas occur due to the deprivation of love and related emotional disturbances, such as: negligence, violence, over-protective love, possessive and selfish love, or early separation/loss of the mother–baby unit. When such experiences happen, the child employs creative adjustments to cope with the reality, which function as psychological defence mechanisms, by blocking awareness of painful feelings, feared sensations and prohibited behaviours. Such processes represent the child’s attempt to diminish, disguise, or deny the anguish experienced in the environment. The purpose of every psychological defence mechanism is to maintain emotional equilibrium and health, even if this manifests itself through supposedly maladjusted conduct. A child being reprimanded who fears her father’s shouting may create a distraction – a deflection – that will interfere with her full healthy functioning as a form of expressing the self. According to Perls, Hefferline and Goodman (1997), the foundation of the human neurotic drama is the confusion between the spontaneous personality and the deliberate personality. The deliberate one tends to be subjected to the continuous social demands and pressures of daily existence, while the spontaneous personality follows its impulses and excitements as much as possible.

The major task of psychotherapists is to restore the flow of awareness, contact and love among family members, so that each one can take their place in the order of love: ‘Love always exists, you just have to look for it’ (Hellinger and Hovel, 2007, p. 84). In this sense, therapy is at the service of reconciliation between parents and children, re-establishment of nurturing contact among the family members, and the awareness of each one’s place and role in the family, aimed at providing the child with a sense of belonging. When people feel they belong to someone (or to a group) and someone belongs to them, they are less likely to feel logged out from the world, at a loss about their destiny and value.

According to Hellinger and Hovel (2007, p. 102) ‘loyalty is love and it means the willingness to share the destiny of family’. It still implies the existence of a strong sense of commitment and ethical obligation to preserve family identity. Family members who feel some kind of threat that may destroy the family unit or create chaos may act protectively to restore balance and conserve family unity. It is amazing how many children cannot accept their parents’ separation. No matter how old they are, children hold on to the desire and fantasy of their parents’ reunion, even if the mother or father explain that they do not love each other anymore, even if they see that their father or mother have built a new relationship; they still wish their parents would live together again, they long for the ‘return’ of the unit – the idea that we are one forever.

Therapists must be familiar with the family’s myths in order to understand their history, and the history of the symptoms. Myths are built upon the system of trans-generational beliefs, values and introjections. Myths create patterns of relationships, behaviours, thoughts, and feelings within the family, accounting for the individual’s identity and the family self. They dictate the rules, roles, expectations, and destinies to be fulfilled by its members. Fernandes (2010) addresses the topic of myths, highlighting the need for therapists to listen to the stories and histories which parents tell about themselves and their ancestors in order to propitiate the identification of family myths. It is a ride through the family memory in order to recognise the heroes and miscreants that gave origin to the conflicts, fears, ghosts and secrets that perpetuate the open gestalten of the family. A forty-five-year-old woman believed that the women in her family were born to be unhappy in love, their marriages were doomed to fail; she did not believe in men’s love. Thus, she started a new relationship with the preconceived idea that it would not last, and she was not able to sustain a relationship long-term. She got involved in love triangles and ended up breaking up because she always doubted her partner’s love. Negative experiences in the family history bring up negative introjections that create negative myths, as stated by Rosanes-Berrett (p. 19): ‘The negative myth arises because not all the material introjected by the child enhances its self-esteem or ego strength. The negative myth is created, therefore, when the child introjects a negative or punitive parent.’

**Games of projection and introjection**

As long as the emotional wounds lived by parents in childhood remain out of awareness, a lot of games of manipulation can take place within families. Through these games parents may blame their child, or even blame each other for the family’s maladjustment. Sometimes the parental figure that is the target of projections may use the child as a depository of complaints, wishing to turn the child into an ally. This parent assigns to the child the role of confidante and
mediator of conflicts between father–man and mother–woman, which can result in anguish and confusion for the child.

The two most commonly-used mental defence mechanisms in these games of accusation, victimisation and domination are projection and introjection. In projection, there is the determination of what the child ‘must not be and must not do’, while the introject commands what he or she ‘must be and must do’. In general, we project our introjections. We project on to others characteristics and behaviours that we do not accept in ourselves. For example, a parent who complains about his children being disobedient and hostile towards him may be attempting to get rid of his inner hurt child who was disobedient, and used to be hit by his parents when he confronted their orders. Children may mirror for their parents how their own parents saw them.

In Gestalt therapy, introjection is the primary process of internalisation of beliefs, values and thoughts transmitted by parents, culture, and significant others, in an imposing way that often negatively interferes in the organisation of the child’s identity. ‘Introjection is the generic mode of interaction between individuals and their environment. The child simply experiences many aspects of life as “that’s the way it is”’ (Polster and Polster, 1979, p. 80). As stated by Oaklander (2006), in the first stages of development children have not yet developed reflective consciousness, which enables them to question, chew and digest the validity of parental moral messages – thus they may passively swallow their parents’ judgments and beliefs, and feel guilty for bad things that happen in the family.

In this sense, introjection is one of the psychological processes that disturbs the child’s perceptions of herself and that damages healthy contact between the child-the other-the world. Introjections are toxic when they carry destructive emotional messages to the child’s self. A parent who expresses humiliating words such as: ‘You are useless, you never do anything right! You are dumb! You have been a burden in my life since you were born’, is liable to plant in the child seeds of self-hatred, which can result in anguish and confusion for the child.

The child and the parents in psychotherapy

Answering to the ‘should’, individuals act in a role which is not supported by their genuine needs. They become false and phobic. They avoid facing their limitations and perform roles with no basis on their potential. They build an imaginary ideal of what it ‘should’ be like, and not of what it is really like. (p. 21)

Such messages generate a drama between the original and the introjected parts, creating a dominator versus dominated conflict. The more threatening and catastrophic the introjections are, the more frightened, the more anxious and the less authentic the child will be in her way of acting. That which is original is alienated and projected outwards, leading to a false identification due to the loss of capacity to discriminate what is nurturing. The result is a distorted, diminished, fragmented and confused perception about reality and of oneself (Antony, 2010). Children who introject the idea that they are a burden to their mother may come to relate with others in a way so as not to bother them and not be inconvenient, blocking their capacity for opposition, confrontation and true self-expression.

The dominator versus dominated conflict is responsible for the internal voices that dialogue among themselves when a person must make a choice, or is faced with a situation of tension. The role of the dominator (the severe adult) is to torment the dominated (the child), regardless of the child’s will, needs, or desires. The dominator seeks to impose orders and demands because he or she considers him or herself to be the owner of truth. As the dominated, the child tries to escape from such sovereignty and develops oppositional behaviour, pretending to be a victim, putting off tasks, getting ill: for instance, ‘Tomorrow’, ‘I promise’, ‘Yes, but ...’, ‘I do the best I can’, ‘I am tired and ill’. Thus, ‘the two of them, the dominator and the dominated, live a life of mutual frustration and in constant attempts to control each other’ (Perls, 1971, p. 37). From such conflicting dynamics, Perls describes the appearance of games of manipulation that aim to preserve the dominator’s power and suppress the dominated one. Some of them are:

- The game of ascendancy: ‘I am better than you’, ‘I can supplant you, I can repress you.’
- The game of adjustment: ’Is this correct, adequate?’ ‘Does my behaviour adjust to the concept of how a person should behave?’
- The game of accusations/blame: ‘You don’t do anything right.’ ‘You never understand me’ (ibid., p. 29).

Because of unsolved past situations, in which someone was destructive or oppressing to the child, the adult brings with him strong feelings of guilt, hatred, fear, rejection from the family. For example, if the mother who rejects her child is aggressive, or strict, the child may introject these parts into her identity with the unconscious aim of looking like her, being recognised by the mother as her equal, and thus earning her love. Therefore, the child will identify with that parent.
noticed that there is a link between the conflicts
towards freedom includes rescuing this inner child
in a while cries out to express him or herself. The path
We all have a hurt child in our heart who every once
loved, very much forgotten in the past.
Objective is to (4)
where there are feelings of weaknesses,
and/or hatred: ‘We can get rid of the old
It can be painful for children when they begin to
and start to dismiss them from the position of the omnipotent
Adults who are emotionally estranged from their
and begin to see their parents as people who have negative qualities
(who are cruel in certain circumstances), and start
may be limited in their capacity to fully
If children can internalise a positive
relationship, and offer themselves reliably to be loved.
Thus, the Gestalt therapeutic way aims to: (1) identify
and clean these toxic introjections, which are emotional
garbage that inhibit and confuse the person’s identity; (2) restore dialogue of what has not been said between the
caregiver and the hurt child who has a confused and
fragile sense of self; and (3) carry out healing dialogue between the hurt child and today’s adult, so as to reduce
guilt and self-blame. Where there is guilt, there is
self-condemnation and a need for atonement. The last
objective is to (4) integrate the inner child, a process that leads the individual towards self-acceptance, self-forgiveness, self-respect and the rediscovery of self-love, very much forgotten in the past.

The parents’ inner child

We all have a hurt child in our heart who every once
in a while cries out to express him or herself. The path
towards freedom includes rescuing this inner child
who has been forgotten, silenced, feared.

In sessions with parents, I try to make the parents’
inner child present, leading them to connect with
their child at the same age as the child who has come
to therapy. Based on my clinical observations, I have
noticed that there is a link between the conflicts
experienced by the child in therapy and a conflicting
situation experienced by one of the parents when they
were young, with their own parents. It is in the
transgenerational field. I ask the parents: ‘What were you
like as a child at eight-years-old? Is what your son is
experiencing with you today somehow similar to what
you experienced with your father? How did you as a
child try to resolve the situation? What emotions and
feelings did you feel in that context and which ones do
you still strongly feel with your son/daughter? What
are you afraid of? What makes you angry? When do
you feel guilty?’ I find that the parents’ inner child is
always present when their emotional reactions are
intense and extreme in the face of behaviour from their
children that they consider wrong.

an in-depth perspective of two dimensions of the
adult’s inner child, making a distinction between
the phantasmatic child and the imaginary child. He
says that:

The phantasmatic child is the unconscious
construction that parents build up in their minds
of the child, as a product of the parents’ conflicts
with their own parents. The imaginary child is the
conscious construction that the parents make out of
characteristics that they perceive or wish for (or from)
the child. … The phantasmatic child and the imaginary
child are different from the actual child. (p. 37)

Thus, the parent’s inner hurt child is entangled in the
family’s emotional dramas. These parents are dealing
with their phantasmatic child, not with the one who is
before their eyes. According to the author, the thoughts
regarding this phantasmatic child may influence the
kind of bond to be developed with them, and also the
psychopathologies that emerge. As Nichols and
‘The family problem is the result of a multi-generational
sequence where all the family members are agents and
reagents’ (p. 16). Raising the parents’ awareness of the
unresolved conflicts with their own parents is really
important for allowing the original expression of the
child’s self, free from the parents’ inner child, who
sometimes asks: ‘Love me, protect me, accept me and
recognise me as a source of your emotion, creativity,
spontaneity, kindness. Don’t judge me so much, don’t
convict me so vehemently, don’t forget me, don’t silence
me. Let me know that we will always be together no
matter what, giving me strength, courage, love and
limits, when necessary.’ The child that still exists in
each one of us cries out to be free, forgiven, accepted.
Parents must adopt their own inner child if they are to
build new values and improve their self-esteem, self-confidence, and self-support.

Therefore, the restoration of the child–adult–parents
significant unit requires revisiting the temporal flow of
life, so that each one can look back at the painful past and be grateful for everything experienced, giving those experiences an adequate place in their lives, integrating pain and love. In so doing, each parent can become a whole person and be who and what they really are, and children can be who and what they really are.

Final considerations

We have this life from which evolves the divine in us. When you can learn to live it without falling back on roles, defenses, or old fears for support, you have a chance to become a human being in the highest sense of the word. (Rosanes-Berrett, 1989, Preface)

The essence of the child brings forth what is most sacred in us. Children know what they need and act wisely towards their best welfare, doing their best to cope with reality. They are moved by the principles of pleasure and excitement, having to go through constant creative adjustments to adapt to the rules and prohibitions mandated by adults.

Becoming a healthy adult requires the release of the infant image (the obedient, dominated, dependent child) and the toxic messages of childhood conveyed by our parents. We grow up shaped by the law, beliefs and demands of our parents, school, and society. Many parents teach their children that feelings are dangerous and that they need to be always calm and controlled (something they are not able to be or do themselves). As Gebrim points out (1998): 'Adults are thieves of feelings' (p. 21).

The family system as a whole is stronger and more determinant than its parts. Family gives life to the individual and when this is not taken into account, nothing is worthwhile, nothing makes sense – existence is empty. When the therapist guides the child and her parents to face paternal and maternal wounds, they will have a better understanding of the conflicts, of themselves, and of the family history in itself, with its myths and legacy that determine the destiny and role of each of its members.

A divine child dwells in us (full of happiness, love, spontaneity, creativity, excitement), guiding our true and original actions. This child is the source that leads us to the truth of the 'I am', free from the chains and obstructions that prevent human beings from fully being. Let us honour and love the child who has survived and led us to where we are, whom we are with and how we are, even if there is pain, in the same way as there have surely been moments of love. 'This child is present in the eyes and soul of every human being, hoping to be welcomed and celebrated. Her full wisdom is beyond the intellect and very close to the heart' (Café, cited in Gebrim, 1998, Preface).

References

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Book review

19 voices on the self

Frans Meulmeester


When I was asked to write a review of a book by Jean-Marie Robine, I almost panicked. ‘Who am I, that I can write something useful about a book by a Gestalt colleague who has as much experience and is as educated in Gestalt theory and practice as Robine?’ However, I consider myself as being an ‘average’ Gestalt practitioner, so I hope that my perception of the book might be valid for many other ‘average’ Gestalt colleagues. If I don’t get it, maybe other ‘average’ Gestalt colleagues will also not get it, or if I feel enthusiastic about it, maybe others will too.

When I got the book in my hands, I noticed that Robine is not the only author, but rather the editor. The book consists of – as the title suggests – ‘a polyphony of contemporary Gestalt therapists’, who all give their view on one of the basic concepts of Gestalt theory, the concept of ‘self’. I love these collaborative books, which we see more and more of nowadays. To name just a few other examples: *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact* (2013) edited by Gianni Francesetti, Michela Gecele and Jan Roubal; *Absence Is the Bridge Between Us: Gestalt Therapy Perspective on Depressive Experiences* (2015) edited by Gianni Francesetti; *Gestalt Therapy with Children: From Epistemology to Clinical Practice* (2016) edited by Margherita Spagnuolo Lobb, Nurith Levi and Andrew Williams; and *The Bridge: Dialogues Across Cultures* (2005) edited by Talia Levine Bar-Yoseph. And there are more beautiful examples like these.

A total of nineteen Gestalt colleagues contributed to this book, giving their own specific interpretation of the concept of ‘self’. Most refer to the ‘bible’ of the Gestalt approach, *Gestalt Therapy* by Perls, Hefferline and Goodman (1951), for example, Gordon Wheeler (p.191ff.); but some go a step further by referring also to the roots of Gestalt theory and the philosophy of Merleau-Ponty, for example, Mônica Botelho Alvim (p. 317ff.). All these different views on and approaches to the concept of ‘self’ make this book a very rich and valuable contribution to the contemporary study of Gestalt theory. However, at the same time, it is a challenging read. This is not a book for beginners. I can imagine that for them, the book might at times be confusing and overwhelming. There are so many definitions and descriptions, which are sometimes just slightly nuanced, but in other places express fundamental differences.

While reading the book, I could experience myself being in the position of a student in a Gestalt training programme, where the different trainers all have their own different approaches, explanations, and definitions of Gestalt theory. I can easily imagine how at the end, such a student feels totally confused and will start to complain that he or she still does not have the exact definition; ‘Who is going to give me the real, one and only, right answer or definition?’ Well, this book is surely not fulfilling that need. On the contrary, the book challenges the reader to read, chew, think and re-think, formulate and re-formulate one’s own understanding of the concept of ‘self’. By presenting the different views, step-by-step, the reader is invited to join in an adventurous journey in the landscape of Gestalt theory. Basic to almost all chapters is the notion that the concept of ‘self’ is a very complicated concept. Almost every author agrees that ‘self’ is a process of being, and by definition, hard to express in words, especially non-verbs. After an overture by Robine and an introduction to the other contributors, the book begins with a chapter by Carmen Vásquez Bandin, who starts from a field theoretical approach to the concept. ‘This theory focuses on a theory of the self based on a field theory, considering the self as a temporal process and, given its phenomenological character, it leads us to observe the self-at-work’ (p. 33). What I like about her chapter is that she illustrates her ideas with a practical case, which makes the theory – at least for me – more comprehensible. Reading her chapter was like sitting by a river. In her title she writes: ‘Like a river flowing, passing, yet ever present’ (p. 21). It was like watching a stream, enjoying the sound and realising and admiring how a river, at every moment, is simultaneously the same and different. A very nice metaphor for the perception of ‘self’.

Claudia Bapista Tavora challenges the reader in an almost poetic, but at the same time very clear way, to constantly consider the self as a function at the contact boundary. At one moment, quoting Perls, Hefferline
and Goodman, she states: "The self is not to be thought of as a fixed institution; it exists wherever and whenever there is in fact a boundary interaction" (p. 46).

Dan Bloom, the author of the next chapter, changes the subject into what he calls a 'meta-question': 'On what basis are we relational?' (p. 66). He refers to the 'lifeworld' concept of Heidegger and Husserl, and describes it as:

'[The lifeworld is our common everyday world – the personal world of day to day conversations and interactions, the natural world, the intuited world, and the aesthetic – that is, sensed, felt – world. … It is the world in which we are living together and that was here for us in advance. … This is the world in which each of us is 'thrown' (Heidegger). This lifeworld is not only the natural environment, but also the always already humanly populated world where self is co-emergent and where self process (as contacting) sustains us. The lifeworld is the 'worlded' background of self process. (p. 69)

In gestalt therapy terms, I am using lifeworld … as pre-given, [which] shapes the given figures of contacting. (p. 70)

This chapter by Dan Bloom highlights in a very clear way the three functioning of self: the id, ego, and personality, and he illustrates his views with clear vignettes. I liked his statement at the end of his chapter: 'Everything we can say is only an attempt and then we try again … so long as we continue to try and try again to push our understanding beyond what we have taken for granted (p. 82). I love authors who challenge me as a reader, to question and to go beyond what I have taken for granted.

The next chapter by Ervin Polster came to me as a surprise and in a way a bit like meeting the 'ugly duckling' from the fairy tale. As we know from this fairy tale, the ugly duckling in the end appears to be a beautiful swan, but still, he was in a group of ducklings where he appeared to be a bit strange. To be more concrete: the whole book, and all the authors who contributed, constantly define self as a process, not a fixed entity. However, in this chapter, Ervin Polster writes about 'Self as a population' (p. 85). Although he does not speak about self as 'one fixed entity', he keeps the idea alive that there is some kind of entity or being. To illustrate this, I quote what he writes about conflict: 'Conflict could be seen as a dramatic interplay between internal beings inimical to each other. Therapy sought to name these mutually alienated beings and through guided dialogue, to restore harmony among them' (p. 89, italics in original). For me, this view connects more to the concept of 'sub-personalities' of psychosynthesis (Assagioli, 1981; Ferrucci, 1981) than to the concept of self as it is presented by the other Gestalt authors in this book.

Frank-M. Staemmler, in his very clear and solid chapter, again emphasises the temporality of self and how it is connected to the situation. Most clearly evident is his statement: 'This implies that there can be no self, whenever there is no experience … the self emerges from and consists of the current experience' (p. 109).

The next chapter by Gary Yontef felt for me out of place. It is the re-publishing of an earlier article from 1983. Yontef defines his view on self mainly by criticising Stephan Tobin's 1982 article in The Gestalt Journal, and this feels like a dated and incomplete dialogue. I am sure that Gary Yontef has a lot to say or write which could add value to this book, and I would have preferred to read something more contemporary, rather than going over old ground.

Georges Wollants uses the title 'Self of the situation' and readers who are familiar with his book Gestalt Therapy: Therapy of the Situation (Wollants, 2008) will recognise a lot of his ideas in this chapter. Georges puts the situation at the centre of attention of the therapist and defines the self as a relational phenomenon situated at the contact boundary: 'The experience of self emerges as a result of person-world interactions, not as some active executive function of such interactions' (p. 139). Georges defines self-actualisation as: 'the realisation of mutually satisfying relationships between the parts of a situation' (p. 141).

Gianni Francesetti starts his chapter with a statement that I imagine other authors may also have felt while they wrote. It certainly resonates for me after reading this book. Quoting Saint Augustine's words on time, Gianni writes: 'I might know what the self is, but if you ask me to explain it, I no longer know!' (p. 147). However, Gianni does manage to explain clearly his understanding of self. What makes his chapter so special is how he relates the concept to suffering and psychopathology. He strongly emphasises the quality of being present as the core task of psychotherapy: 'We need to promote a culture of presence – which implies effort, loyalty, creativity and pain – rather than a culture of afluenue' (p. 154), and: 'The task of the therapist is to be present as absence is actualised in the encounter (p. 159).

In the next chapter, Gilles Delisle mainly presents a model developed in his training programmes, Object Relations Gestalt Therapy (ORGT). Though very interesting to read, this chapter does not directly address the concept of self. In fact, Delisle makes it clear that he is rather opposed to speaking about self:

'We are fully conscious of the importance of the different texts on the Self as described in Gestalt therapy and other schools of thought. But the thing is, they are all so different and the boundaries of what they describe are so fuzzy that is very difficult nowadays to use the
As Gordon Wheeler himself states in the title of his chapter, his text contains: ‘Reflections on contact, development and the "sub-systems of the self” in Paul Goodman’ (p. 191). The chapter is an interesting reflection on how Goodman approached the concept of self and on how he was influenced by the ideas of Lewin. At the same time, it is a chapter that is written in a personal style; as a reflection on life, which makes it very interesting and attractive to read.

Jean-Marie Robine gave his chapter the title 'Self: artist of contact', and the core of his chapter is the statement that ‘there is no claim that the self existed beforehand and reveals, manifests or expresses itself in contact; instead, it is contact; it is created in and through contact’ (pp. 213–214, italics in original). Even if it is not so important, I am glad that Robine refers to the difficulty of language and the role it plays in trying to define the concept of self. We sometimes forget how typically American many of the original writings and therefore concepts of Gestalt therapy and theory are, and how difficult it is to translate them fully in another language (p. 214 and p. 218).

Robine also writes – as do several others – about the three functions of the self (id, ego and personality). He ‘warns’ the reader about the risk of a simplistic use of these functions as a sort of diagnostic instrument, to turn them ‘into a narrow framework’ (p. 218).

I would especially like to mention the use of the metaphor of the sea by Robine, indicating the temporal dimension of the self (p. 222). When I was crossing the ocean in a sailing boat many years ago, I was alone on deck during my night shifts, staring at the sea and the waves, and many times the same sort of idea about self came up for me. We are just waves in the ocean and the moment we try to grab on and isolate the wave from this ever-changing and moving sea, we miss the point. The wave is such a beautiful metaphor of self as a creative process, the result of so many interactions: the sea, the wind, the stream, the bottom of the sea, the moon, the clouds, and so on. The moment, we try to see or describe a wave as an isolated or fixed phenomenon, we surely miss the point.

Finally, I would like to mention the differentiation Robine makes in using the term ‘field’ to the term ‘situation’. ‘To articulate the concept of field with that of situation, I would say – perhaps only provisionally! – that the situation is created by the intersection of and interaction between the fields of the actors involved’ (p. 226). I like this clear distinction and it made me realise how easily and how often I make this mistake myself.

I speak about ‘the field of the therapist and the client’, instead of speaking about ‘the situation of the therapist and client’, which is created by the intersection of and interaction between the fields of both therapist and client.

An original approach to the concept of self is presented by Kenneth Meyer, who starts off from American Pragmatism as taught by George Herbert Mead and his mentor John Dewey (p. 236). Meyer links the idea of ‘process’ and especially ‘function’ to Pragmatism: ‘It is this emphasis on function that is one of many clues that trace Gestalt therapy theory to the philosophical school known as Pragmatism’ (p. 235). At the same time, Meyer also links the concept of self with Buddhism and quotes Mead’s comment that ‘I cannot turn around quick enough to catch myself’ to link the concept of self with the meditation practice in Mahayana Buddhism (p. 247).

Maybe the first subtitle of Lynne Jacobs’s chapter, “Self” has no stand-alone status’ (p. 251), already indicates that she speaks less about the concept of self, but rather frames it with a concept of meaning and meaningfulness. In her view, the ideas of ‘leading a life’ and giving meaning are neglected in Gestalt theory:

Overall, I think Gestalt therapy theory has neglected exploring the significance of the over-arching project of leading a life. We develop stories about ourselves. Goodman called these stories ‘the rhetorical attitude’ which some philosophers expand into the idea of a narrative self. But the rhetorical attitude … has gotten a bad name in some Gestalt therapy circles. … Importantly, stories also reflect worlds of meaningfulness. (p. 256)

In my view, Margherita Spagnuolo Lobb starts her chapter with naming the essence of this book: ‘… rethinking the idea of self, the very core of our approach’ (p. 262). I like Margherita’s statement about field theory and the issue of dividing subjectivity and objectivity:

The concept of field in Gestalt therapy is the way in which our founders solved the divide between subjectivity and objectivity, in that full subjectivity coincides with full presence in objectivity. The more the individual is fully present in the ‘between’, the more s/he takes part in the field. (p. 265, italics in original)

Margherita summarises the concept of self on p. 269, and after reading so much it was a nice moment to take a pause and read and stay with this clear summary. After this, Margherita connects the concept of self to the concept of figure–ground and to ‘the suffering of the between’. I like her overview of different kinds of suffering in relation to ‘the experience of the ground, the unfolding of self-in-contact, the figure and the field’ (p. 284).
Michael Vincent Miller describes in a clear, simple, and humorous way how he defines self, and introduces three stages of the self as process: a forming self, reflexive self, and a post-self (p. 295). One can discuss the risk of framing and restricting in working with these stages, but the way Michael presents his view was, for me, pleasant to read and easy to understand.

Mônica Botelho Alvim refers to the phenomenology of Maurice Merleau-Ponty when she writes about the Id of the situation: ‘Merleau-Ponty directs his work to consider embodiment – an engaged body in situation with the world – as the origin of sense’ (p. 318). It is a very interesting chapter on how she defines the Id as given in a situation. As she states, this idea was first emphasised and discussed by Jean-Marie Robine (p. 320), but later also by others, such as Georges Wollants. Mônica summarises some elements that characterise the notion of the Id of the situation, which gives a short and clear overview of what she is bringing in this chapter (p. 326). She illustrates her ideas by presenting some cases.

As Peter Philippson states himself in his conclusion, he has

... attempted here to give a brief description of my understanding of the meaning and significance of the self in Gestalt therapy. Self is emergent, yet powerful and creative, a power that is given by self’s participation in the field at least as much as by its existential negation of the otherness. It is capable of making changes and being changed. ... Human beings have at every moment a dual direction to be an individual, and to be a part of the field. Sometimes the contradiction between these is impossible to bridge, and we have difficulties, and come to therapy. (p. 348)

This statement surprises me, and seems to be contrary to the main stream of this book, and the main stream within Gestalt therapy and theory, which states that the individual is always part of a field, which consists of the interaction of organism/environment. The idea that an individual would be able to ‘move away’ or to go in an opposite direction rather than being part of a field confuses me.

Philip Brownell has chosen the title ‘Touch of another kind: Contact with God and spiritual self’ for his chapter (p. 351). In a very personal way, he describes his contact with God, and in this way he makes a plea for giving space and attention to what he calls the ‘spiritual self’ (p. 368). I always like it when someone speaks or writes so openly about his or her connection to God or spirituality within the framework of Gestalt therapy and theory, because for a long time, in the Gestalt world, it was almost ‘not done’. I find this strange because, especially in the Gestalt world, there are so many former priests, pastors, sannyasins, shamans, etc.

The final chapter is from Ruella Frank, who writes about the self in motion. As most readers will know, Ruella is an expert in studying movement and working with clients around the concept of our basic movements. ‘Movement is dynamic, relational, and situational. As such it makes sense to begin with movement as the starting point to look at the nature of contacting and the emerging sense-of-self’ (p. 372); ‘Moving is the primary source of the baby’s emerging sense of agency at a pre-reflective level’ (p. 375). Ruella quotes Merleau-Ponty: ‘As we awaken to the experience of our moving body, we awaken to the experience of the world’ (p. 381). In fact, it is a pity that her chapter is quite short, as she brings a different approach to the concept of self than the others and she writes in a clear and understandable way. It made me curious and almost greedy to read more about her ideas.

Conclusion

As I stated at the beginning, this book is not a book for beginners. It does not offer one clear description or one clear definition of the concept of self and it assumes that the reader already has some advanced knowledge of Gestalt theory as well as some of the underlying theories, such as field theory and existential phenomenology.

The book offers a collection, a ‘polyphony’ of thoughts and ideas about the concept of self, and in this way the book challenges the reader to think and re-think, to formulate and re-formulate and maybe even to stay in the impossibility of giving an exact description. Therefore, I will finish with repeating this quote by Gianni Francesetti: ‘I might know what the self is, but if you ask me to explain it, I no longer know!’ (p. 147); and by advising my Gestalt colleagues, therapists, trainers, and supervisors to take the time to read and digest this very important contribution to contemporary Gestalt theory.

References


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