

CHAPTER FIVE <sup>1</sup>  
**GESTALT THERAPY THEORY OF CHANGE**

GARY YONTEF, PH.D.

Change is inexorable. From conception to death, people are constantly changing. The universe itself is constantly changing, as are all events and structures in the universe. Even when there appears to be no change, slow and subtle shifts are always taking place. Apparently unchanging events are events that change so slowly that they merely appear to be static; some processes appear to change so slowly that they take on the attributes of unchanging structure. A standing wave looks as if it is not changing when it is actually a repeating process that creates a static appearance by the repetition. A person who resists change and stays relatively static still changes in relation to surroundings. The rest of the field does not stop changing because some individual has slowed to the point of appearing static.

The central question is not whether there will be change, but whether human change will be toward growth, deterioration, or whether there will be apparent lack of change in which the person grows or deteriorates so slowly in comparison with the surrounding world that it appears as stasis. The central question for Gestalt therapy theory and practice is: How do individuals and their societies, including psychotherapists, influence and support change in the direction of healing, growth and wholeness and how do they interfere with healing, growth and wholeness—or even precipitate deterioration?

In Gestalt therapy theory the therapist is not a change agent that makes change happen. The Gestalt therapist is an agent in the quest to create conditions that maximize conditions for growth, conditions that allow growth to happen when it has been arrested or limited, conditions that focus attention where needed for healing and growth. Gestalt therapy trusts organismic self-regulation more than therapist directed change attempts. Rather than aiming to move the patient to be different, the gestalt therapist believes in meeting patients as they are and using increased awareness of the present, including awareness of figures that start to emerge (thoughts, feelings, impulses, etc) that the person might or might not allow to organize new behavior. With this present-centered awareness, change can happen without the therapist aiming for a preset goal.

**THE PARADOXICAL THEORY OF CHANGE**

The paradoxical theory of change is at the core of the Gestalt therapy change theory. The paradox is that the more one tries to be who one is not, the more one stays the same (Beisser, 1970). When people identify with their whole self, when they acknowledge whatever aspect arises at a moment, the conditions for wholeness and growth are created. When people do not identify with parts of who they are, inner conflict is created and all of a person's resources cannot go into needed interactions of self and other. When people identify with their mode of restraint and disown their basic feelings, they disown that which is needed

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<sup>1</sup> Taken from Chapter 5, Gestalt Therapy Theory of Change. (2005). In A. Woldt and S. Toman (Eds.). Gestalt Therapy: History, Theory, and Practice. Pp 81-100. Thousand Oaks, California: Sage Publications. Dialogue Respondent in the original was Reinhard Fuhr. Dialogue omitted in this copy. Review questions and Experiential activity suggestions in the original were also omitted.

for motivating energy and direction. When people identify with their impulses and disown their mode of restraint, they disown what they need for safe, sane, and healthy behavior.

When people try not to change, the more we resist natural or necessary changes in self or the environment, the more we'll change in relation to the changing conditions of the environment. Psychological health is largely a matter of identification with the whole self and maximum use of the whole self for necessary tasks in the lived environment. The paradoxical theory of change is closely related to the fundamental principles of Gestalt therapy: phenomenology, field theory, and dialogic existentialism. It is also strongly influenced by Zen, as described by Sylvia Crocker in Chapter 4.

The Gestalt therapist focuses on the patient being aware, and increasingly able to be aware as needed—to be aware of whatever forces are operating in the person/environment field. To be aware of these forces, to own them, is to own the choices made. The Gestalt therapist prefers to create the conditions for self-awareness that will support natural change rather than become an agent of programmatic behavior change.

In the Gestalt therapy model of change, significant increase in awareness occurs by virtue of dialogic contact. The Gestalt therapist strives to establish contact as a whole person to the person of the patient—as the patient experiences him or herself. Out of this existential meeting, new awareness and growth occur. In turn, the growth in awareness supports further contact.

## ORGANISMIC SELF-REGULATION IN THE ORGANISM-ENVIRONMENT FIELD

### The Organism-Environment Field

The paradoxical theory of change is based on a trust of the ability of human beings to self-regulate in a manner that achieves the best possible adjustment in the context in which they live. Gestalt therapy is a holistic theory that believes that people are inherently self-regulating, oriented toward growth, and cannot be validly understood apart from their environment.

In Gestalt therapy theory people are always a part of an organism-environment field. This contrasts with the conventional viewpoint that people exist separately but also have relations with others. The Gestalt therapy view is that this conventional isolated person is only an abstraction out of the field, out of the organism-environment field. People only exist as part of a relational field—they are “of the field.” In the conventional viewpoint, relations with others are added and dispensable considerations. In the conventional viewpoint it can be meaningful to consider people without considering their context. In Gestalt therapy, people can only live and be meaningfully understood in relationship to their context. People exist, are born, grow, deteriorate, and die as part of the organism-environment field.

### Self as a Phenomenon of the Field

The whole field determines change, or stasis. The basic sense of self is a phenomenon of the field—it is co-constructed by the individual and the environment. The individual and the environment co-create each other. Identity is formed and maintained, expanded and contracted, by the whole field, by the mutual construction of the individual and the rest of the organism-environment field.

The sense of “I” is formed by contact with and differentiation from the rest of the organism-environment field by the processes of the contact boundary. Self and other create a boundary that connect people to other people and also maintains autonomous identities. Martin Buber (1965; 1970) states that “I” only exists as a relationship of I-Thou or I-It. Similarly, Winnicott (1960) stated that there is no mother or child; there is only the mother-child unit. In therapy, that field is largely the therapist and the patient, although often including others in the group, spouses, families, people at work, the agency delivering service, and so forth.

## FIELD THEORY PRINCIPLES AND THE THEORY OF CHANGE

Field theory is essential to understanding the Gestalt therapy theory of change, the organism-environment field, the paradoxical theory of change, and the holistic faith in organismic self-regulation. Gestalt therapy field theory is a viewpoint on how the world is organized, how it works, how to observe this organization, and how change happens that is discussed earlier in this book by Malcolm Parlett. Here we will only consider how it relates to the theory of change in Gestalt therapy. The following principles of field theory are an integral part of the theory of change:

1.) *Change is a function of the whole context in which a person lives.* Therefore the awareness work in therapy must attend to the whole context in which the patient lives and the whole context of the therapy. Gestalt therapy is interested in all of the factors that determine the course of human change. These include the maturation of genetic/biological processes, psychobiosocial development as a function of interpersonal relations throughout life, family and cultural influences, the conditions at work and in the community, and so forth. Change or lack of change in therapy is a result of the whole patient-therapist field (Perls et al., 1951/1994; Jacobs, 1995a, 1995b).

2.) *Change anywhere in the field affects all subsystems of the field.* The elements of the field are interdependent and subordinate to the whole and are regulated by their function in the whole. Although individuals function separately in some sense, they are always dependent on each other and on the whole. Any change in the complex relational events that compose the organism-environment field affects all other parts of the field. A change in one member of a family or group will affect every other member of the family or group. In the field of the therapist and patient, a change in one will affect the other (Yontef, 1993).

3.) *Gestalt therapy focuses on the subjective awareness of the patient, the interactions in session, and also an understanding of the whole context of forces that is the background of the everyday life of the patient.* Where the past experiences of a person are still affecting the current field, the operation of these processes of thought, affect, and habit must also be a part of the achieved understanding.

4.) *Change in Gestalt therapy is seen as a time/space process.* The forces of the field are in flux, movement, change—and this change in time and space has to be part of our understanding. Process refers to the dynamics of that change in time and space. Change is not just a change in structure, a space viewpoint, nor is it just a change in dynamics, a time viewpoint. A purely spatial viewpoint which does not take into account the temporal dimension, e.g., seeing a phenomenon as a thing or structure, is not field theoretical. These forces are events that happen and move through time and space. This means that change

happens as a function of the whole field, all of the forces that compose the field, and happens over time and space (Yontef, 1993).

5.) *All observation is from a particular place, time, and perspective.* This is a phenomenological viewpoint, i.e., all reality is interpreted; there is no knowable “objective” reality. Nor is any awareness only subjective since all awareness does point to (“intend toward”) something. The therapist neither has an objective nor an uninterpreted viewpoint. All events happen in a particular time and space and all “observations” are interpretations from a particular time and space. I observe a patient on a particular day in my office and this is a particular day in the life of that patient. On another day or in another context that patient may appear very different to me. One can observe this in patients who appear to be one way, e.g., passive, in a conjoint session but very lively and assertive in individual and group therapy. A holistic view of the patient takes into account not only the interactions at a moment, but a view of the person over different contexts of time and situation.

### Creative Adjustment

People have to react to the current conditions in their field – to needs, resources, dangers, and so forth, of self and other. People adjust by conforming to their circumstances, but also create change in their circumstances by taking action in the field. The latter is creative and changes adjustment from mere conformity to healthy self-regulation.

People react to current conditions by aware contact in the contemporaneous field or by habitual responses largely determined by a repetition of past adjustments. Habitual responses vary in how effective they are and are often heavily influenced by introjected shoulds. In organismic self-regulation, current field conditions organize experience and action, and they inform the person of the needs of self and other. The person can then creatively adjust to these field conditions. Although habits are modified by changes in field conditions, structural or significant change happens by aware contact in the field. As people live, they act and learn from the results. The field forces that determine this change include biological maturation, interpersonal interactions, and creative adjustments of the individual and/or the environment.

### Identification With One’s State

At each moment, thoughts, feelings, needs, impulses become salient, i.e., figural. At each moment, people can identify with or alienate (disown) these configurations of experience. Identification with the emerging figure allows awareness and allows action to be organized and energized by the dominant need. Alienating the emerging figure means preventing it from reaching awareness and/or from energizing and organizing action.

Identification with one’s state is a self-supportive whole process that leads to growth; alienation or disowning of the emerging experience creates psychological conflicts – which means the individual is divided and not whole. Attempting to change before knowing, feeling, and accepting oneself, is very different than attempting to change after self-acceptance. In the former case, the individual bases change attempts on self-rejection, disowning of self, and self-hate; in the latter case, individuals identify with the reality of who they are and what situation they are in, and then are in a position to grow by taking action, by

experimenting with new behavior, by seeking and taking in what is needed from the environment, and so forth.

Self-acceptance in aware contact with the rest of the organism-environment field is the means of growth. Frequently, self-knowledge, self-acceptance, and growth are limited by introjected messages from past relationships, i.e. “shoulds.” These are messages that are relatively unresponsive to change in the field. These messages undermine a person’s actual experience, e.g., affect, felt need, beliefs, and thoughts, even attack the essence of a person, and as a result undermine spontaneity and necessary actions. These messages lead to criticism of the status quo, but in a way that only creates resistance and not forward movement. Self-rejection does not support growth.

How does one improve and make necessary changes based on self-acceptance? Patients often believe that if they accept themselves, that undesired behavior won’t change, that self-acceptance means condoning or reinforcing the painful, the dysfunctional, and the immoral. Gestalt therapists, to the contrary, believe that by accepting and owning how one is, by knowing and accepting the reality of the conditions one lives or has lived in, the choices one makes in the situation of these conditions, and accepts that one makes the choice to be as they are, only then can the individual truly change self or environment. This belief is inherent in the paradoxical theory of change. In fact, not only is aware self-acceptance the means to growth, it is, in itself, growth. The moment of full recognition is a moment of good contact and wholeness—it is a process that has the built-in corrective of experiment and learning. This can be verified by experiential work but is hard to appreciate from an abstract discussion.

People regulate their behavior with varying degrees of awareness. Most transactions are regulated by habit, by repeating previously learned behavior. In this mode, choices are made with a minimal amount of awareness and without second order awareness, i.e., without consciousness or awareness of awareness. For example, a person may stroke himself (contact and sensing) but not be aware of that small act or the meaning it holds. Many situations require focal awareness. This is true when the situation is novel, complicated, dangerous, has multiple possibilities that require complex processing, and so forth.

There is a natural or organismic process in which the field seeks the best possible organization. Individuals notice what works and what does not work. The person naturally continues the behavior that works toward satisfaction of their needs and the needs of the environment. When behavior is not working, then focal awareness is especially needed. With awareness people can learn, can change behavior that does not work, can be creative and experiment with new behavior and be aware of the results, and can strive to change the environment so that the individual and environment’s needs are better met.

## AWARENESS AND THE PROCESS OF CHANGE

To understand the gestalt therapy theory of change, one must understand the awareness concept. Awareness is the very heart of the gestalt therapy philosophy and methodology.

Awareness in the Gestalt therapy framework is relational; awareness is a self-process that happens at the interface of the individual and the rest of the field. Awareness intends toward some otherness and otherness is part of what and how one is aware. Awareness is sensory, affective, and cognitive. It includes observing self and other and knowing the

choices that are being made. This is what Merleau-Ponty (1960, 1963) called “aware agency,” and is at the heart of what we mean in Gestalt therapy when we talk of responsibility.

*Awareness* is characterized by contact, sensing, excitement, and by Gestalt formation (Perls et al., 1951/1994). Contact refers to what one is in touch with. If I am sitting with someone and thinking of the things I must do, then I am in contact with my “to-do” list and not the other person. One can be in touch with something without being aware of it. So, in this example, I might not realize that I am sitting with a person but in contact with my list. Sometimes in therapy a person believes they are “aware” when they only experience some aspects of awareness. Frequently patients will know about something but **do not** fully sense it, feel it, be in contact with it, and know what they do not allow to become figural.

The second characteristic, *sensing*, refers to how one is in touch, i.e., by distant receptors such as hearing, by proprioception, or close sensing such as touching, smelling and tasting, or by intuition. Sensory data is used to orient and organize our internal processes (e.g., urges, provocations, desires, impulses, appetites, needs, etc.) and our experience of the field or environmental influences.

*Excitement* in Gestalt therapy refers to emotional and physiological excitation. It does not refer only to happy or pleasant excitement as in general usage. I may be physically touched by someone (feeling the touch on or in my body) and I may be stimulated. This emotional quality of the excitement/arousal might be joy, sexual excitement, pleasure, disgust, fear, and so forth.

## CHANGE AND MEANING: THE FIGURE-GROUND PROCESS

Gestalt therapy is interested in change that is meaningful. An important part of the change process is helping the patient to increase their awareness of what is meaningful for them. To understand the change theory, one must also understand the gestalt therapy theory of meaning and the role of the figure-ground process.

Gestalt therapy uses a process definition of meaning, starting with an assertion that our existence in the relational field is always meaningful. Meaning is the relationship between figure and ground. The figure is what stands out from the background, i.e., what is salient to us. The background is the whole context of that figure. When we are in contact with something, and sense it, and have excitement about it, this figure/ground configuration is meaningful. Any behavior, event, or content is meaningful if someone is aware of it in this way. For example, I go to the opera and the experience is very meaningful for me. If someone else goes to that same opera but hates opera, it has a different meaning. On the other hand someone might sleep through the opera and it might have very little meaning to that person. Meaning is not objective, it is the experience of a figure in relation to the ground.

For another example, think about the meaning of a man saying to a teenager, “Boy, you have to think before you act.” The background might be a loving father helping a teenager who has been impulsive and is unhappy with the results. Now think of the same figure, but now the man is an authority figure talking to a black teenager. Now the meaning would be different. The word “boy” has a very different meaning in that context.

**In health**, our orientation in the world, including our perception, is always in meaningful wholes. The figure and ground form a gestalt, an organized and meaningful whole. A figure arises from the background at each moment, and then recedes into the

background to make room for another figure. This is a constantly changing process. This process of gestalt formation and destruction is a central part of awareness. In health the gestalten, i.e., the figure/ground process, is formed by the dominant need of the person and the environment. What is meaningful to the person in the context stimulates and organizes the process of figure formation, causes what needs to be in awareness to be figural, and organizes action. When a person does not experience in wholes, or figure are not allowed to change with changing field conditions, that is an indication of psychological dysfunction.

When the figure/ground process is functioning well, the individual musters all his or her resources to identify needs, scan for resources, become absorbed in the task, and then the need is met and the gestalt is completed. Then the person is no longer occupied with that figure. When the gestalt is completed and awareness no longer need, related behaviors can operate automatically, by habit, until figural awareness is needed again. When this process is interfered with, then there are unfinished situations that occupy attention, distract, and so forth. When a person is hungry, he or she is likely to think about food. When this need is met, it is no longer necessary or desirable to think of food. One might say, “When I eat, I lose my appetite.” This is ordinary change, creative adjustment.

When a need is not allowed into awareness, i.e., not allowed to become figural, it becomes background noise or demand. This demand may be experienced in bodily tension, affect, or a cognitive preoccupation. Similarly, if the need is not allowed to energize and direct action, then frustration rather than satisfaction is likely to occur. This would be an unfortunate interference with growthful change. If a person is in contact with an urge to eat, and does eat, but the person is not aware that the primary need is actually for comfort or love rather than food per se, the eating is not likely to satisfy the underlying need.

## THE IMPORTANCE OF THE HERE-AND-NOW CONCEPT

Change happens at every moment. Awareness happens at a moment. The act of remembering the past or anticipating the future occurs in the present – but the object of awareness may not be happening contemporaneously. At every moment there is a figure that emerges that is a result of these various influences in the field. In the now, at a moment, the past flows into the future. In the now, people can experience needs and resources. This is a dynamic organismic process in which ideally that which is most relevant comes into awareness. This is the importance of “being in the now” and a key concept in the gestalt therapy theory of change.

As these figures flow one to another, as one figure recedes into the background and another becomes salient, larger gestalten form, and insight is possible. The awareness process takes place through this figure/ground process. This awareness process, including refinements and the movement of the awareness into action, is not a one-person phenomena; awareness is relational. We learn which figures lead to good outcomes from the experience of interactions with other people and also from interactions with the general environment. Interaction, contact with others, is the sandpaper that smooths out behavior and awareness shapes it. In the best cases, it is shaped in the direction of greater satisfaction and/or safety. In other cases the relational field creates dysfunction (discussed in the next section).

Through awareness of the figure/ground process, people learn and improve, grow and integrate, broaden and deepen wisdom. With this wisdom, people can maximize their growth; they can make the best possible life considering their biology, the environment and political

conditions, and so forth. When awareness does not develop, then conditions are not maximized and stasis or deterioration occurs. When awareness does not develop as needed, that is when psychotherapy is indicated.

## IMPEDIMENTS TO HEALTHY CHANGE

### Interrupted Self-Regulation

How does it happen that awareness does not develop as needed or does not activate creative new behavior? Of course, there are factors of individual rates of maturation, cultural opportunities for learning about self-regulation, individual characteristics, factors that make life easier or harder, and so forth. But these do not fully account for situations where awareness that is needed for self-regulation persistently and repetitively does not develop—when what is needed to be in figural awareness does not adequately arise from the background. Sometimes what is felt or needed is not allowed to become figural at all, sometimes only fleetingly with the figure changing too rapidly for real insight to develop or activate new behavior, or a figure is kept in awareness and not allowed to recede to allow subsequent needed figures to emerge.

Imagine an infant looking up and smiling at mother. What happens if the mother smiles back, i.e., compared to what happens if the mother is too busy, too tired, too depressed, too sick, too angry, and so forth? The lively and mutually regulated interaction between mother and infant supports the development of organismic self-regulation – and supports the development of a child who is transparent to self, harmonious in the balance of complex emotional states and needs, and has healthy self-esteem.

In the formation of a sense of self, the reaction of others provides a mirror and is an indispensable part of normal growth and development. We learn who we are and what we can expect in the world from the mirror that others provide for us. While this is true throughout life, it is especially true in infancy and early childhood.

When the spontaneous behavior of the infant is not met with love and receptivity, this natural development of organismic self-regulation is interfered with. When a toddler and pre-school child jumps with joy, turns red with anger, is frightened, and so forth and the environment is negative, rejecting, condemning, shaming, punishing, ignoring, and so forth, the result is that the emergence of these figures and the energizing by them of sustained behavior, is inhibited. The child takes in, introjects, beliefs and expectations for self and the world that strongly influence the formation of character. The sense of self then is usually permeated with globalized shame and guilt that interfere with health and growth.

Guilt and shame are chief means of socialization (Yontef, 1993; Lee and Wheeler, 1996). When a child does something that is truly bad, e.g., hurting another child, the environment teaches the child that this behavior is bad. When the child crosses boundaries of appropriateness, fails, or disappoints others, the feeling reaction is shame. Shame is the affect about the person's being or essence. These are part of the change process in ordinary development. When the shame and/or guilt are well matched to the situation and are not exaggerated, too harsh, and not global indictments of the person, they are a part of normal growth and development. In such cases the standards taught can become assimilated, i.e., integrated, and not be just introjects or fear of punishment. However, often the shame has the meaning of the person not being acceptable, lovable, and/or worthwhile as a person; often the

guilt creates an unreasonable limitation on behavior. This becomes a significant barrier to awareness, self-acceptance, experimentation, movement toward wholeness, transparency to self, and so forth. In some cases the person gets caught in a shame-guilt bind. If the person does the behavior (e.g., acts assertively) he or she feels guilty; or if the person does not do the behavior (e.g., does not act assertively) she/he feels inadequate, i.e., ashamed.

One question that arises for the psychotherapist is how a person can be helped to change without giving or confirming the person's sense that they are bad, not enough, not acceptable, defective? How can people whose change toward increasing wholeness is interfered with by excessive guilt, shame, anxiety, or depression be worked with without confirming that the person is indeed defective? In the next section, I will discuss the Gestalt therapy therapeutic attitude and methodology that flows out of these considerations.

### CHANGE IN PSYCHOTHERAPY

Change happens in Gestalt therapy by a practice methodology that follows three principles: 1.) field process thinking; 2.) experimental phenomenological method of awareness work; and 3.) existential dialogic attitude in contact and ongoing relationship. Together these form an overall therapeutic methodology within which specific interactions, acts, interventions, procedures, techniques, and so forth have meaning. Without this overall methodology, therapy can be reduced to a series of ad hoc or even chaotic techniques. Gestalt therapy has sometimes been erroneously identified with such a collection of techniques. Although people sometimes refer to "using Gestalt therapy techniques," such an approach is anathema to Gestalt therapy theory and to the attitude and practice of well-trained Gestalt therapists.

Unfortunately, some Gestalt therapists treat Gestalt therapy as a collection of techniques. This tends to go with an attitude in which expression of affect is the sum-all and be-all of therapy and confrontation is the order-of-the-day. This is not good Gestalt therapy theory or practice.

Well-trained modern Gestalt therapists are concerned with the relational field with the patient and with the phenomenological awareness work. These two are entwined. Contemporary Gestalt therapists have two main concerns. First, the central concern is for the quality of the contact and the ongoing relationship. The Gestalt therapist understands and is committed to dialogic existentialism, discussed below, and contact with the patient is guided by the principles of dialogue. Second, the Gestalt therapist is guided by the therapeutic task of using the experimental phenomenological method to explicate the essence of a patient's functioning by increasing awareness and awareness-ability (discussed below). In this way the Gestalt therapist works with the patient to establish conditions favorable to healing and growth. The Gestalt therapist helps set up the conditions that enable growth consistent with the paradoxical theory of change.

Any approach to change in psychotherapy that does not include both the experimental phenomenological awareness work and a caring and respectful dialogical attention to the relational contact is incomplete. Some traditional Gestalt therapy approaches have emphasized change through awareness work only, without attention to the relational aspects of the process that enhance or inhibit the chance to develop awareness. Needless to say, ignoring the effect of the therapeutic relationship on the client restricts the possibilities for development of rich awareness. Renewed interest in the intimate correlation between the

therapist's effect upon the patient, and the patient's capacity for broadening awareness, has brought the relational focus inherent in Gestalt therapy back into center stage.

What is important is the whole field of the patient and therapist and how they work together in creative ways to increase awareness, good contact, and the learning of more satisfying ways of being.

### Field Process Thinking and Change in Therapeutic Practice

1.) *Change in treatment is determined by the patient-therapist field as a whole.*

When the treatment flows well, the patient, therapist, and their system together are all responsible. Importantly, on the other hand, when there is a disruption, failure, and so forth, this is also caused by the patient, therapist, and their system together.

2.) *Perception is relative and not absolute or objective.* A field is always seen from some vantage point, i.e., rather than being an objective or universal truth. In the therapy situation, there are at least two viewpoints that need to be taken into account and respected. The "truth" of the therapist is only one of many possible perspectives – it is not privileged.

3.) *A field viewpoint always involves space and time.* Since all phenomena are space and time events, any valid observation must specify the time and location and the development over time and space. The generality of the observed behavior over space and time is an important diagnostic consideration. A patient may come into the therapist's office with intense emotions spilling over and creating a certain amount of chaos. Any generalization must take into account that this is happening in this space, i.e., the therapist's office, and at this time, i.e., this particular day. The patient may not show such emotionality in other settings. The chaotic quality may not be an ongoing quality but at this time occurring because of contemporaneous events. Or this moment may be a typical one for this patient.

4.) *Field thinking is holistic.* Being holistic, Gestalt therapists take into account and work with the body, the environment, contemporary systems, residue of childhood systems, and so forth. Gestalt therapists can use a wide range of interventions, various ways of bringing the field forces into awareness.

### Phenomenology and Awareness

All perception is interpreted. People make sense of their world as best they can, and the sense they make of it becomes a filter for viewing the world. In health these filters are changed with the changing field, new information, new experience, and knowledge of what works and does not work. However, much of this filtering is not in awareness – i.e., it does not become figural as needed.

Take John for example. John learned early in childhood that he was not loved, and he assimilated a sense of himself as not being lovable. He tends to interpret another person's shyness, tiredness, anger, and so forth as evidence that this other person does not like him and this confirms for John that he is not lovable. Not being aware of this bias, he treats the behavior of the other as confirming his reality of being unlovable. Actually, as John and I explored this in several instances, it turns out that the shy, tired, angry other person actually liked or loved him. John's filter, his customary interpretation, interfered with assimilating new interaction, new data, and interfered with a chance to change his sense of himself.

"Reality" is co-constructed by an interaction by what is out there and how the person constructs it. In psychotherapy, "reality" is co-constructed by the patient- therapist system. In

phenomenological theory, all awareness is of something. If the patient goes away from a session feeling bad about his or her self, attributing negative thoughts or feelings to the therapist, this is an event in which the therapist is a part. Patient awareness does not happen in a vacuum.

The phenomenological method has been an important part of Gestalt therapy. The method, epoché, starts by putting aside (in “brackets”) as much as possible all preconceptions about reality, about what is data, about the task at hand, and so forth, so that there can be a less contaminated co-construction between what is out there and the perceiver.

Phenomenologists refer to this as being open to the “given,” which has been referred to in Gestalt therapy as the “obvious.” The term “given” is a technical phenomenological term. The term “obvious” is an unfortunate choice for this concept since what is obvious is not obvious and seems to imply an objectivity that is not consistent with phenomenological theory or empirical investigation.

The first awareness, or given, is only a beginning of a phenomenological investigation. Phenomenological exploration works systematically to understand and be able to reduce the effects of bias. The first awareness, before the phenomenological reduction, is only the start of the process. The first impression of the therapist or the patient, or an initial interpretation, is only a tentative start. When this is violated, e.g., when a therapist believes his or her impression is an objective observation, there is a significant danger of a partial and contaminated viewpoint becoming generalized as the whole.

The initial perception is tested by repeated observations. The results are reported to others, and further observation and testing takes place. In phenomenological research, generalizations are reported to the profession, but more important in terms of therapeutic methodology is the routine reporting of observations to the patient *in order to solicit disconfirmations*, confirmations, and corrections of the therapist’s interpretation. Together the researcher/therapist and the subject/patient refine their understanding.

This phenomenological work is traditionally done by observation and focusing. The therapist inquires about the patient’s actual experience on a rather continuous basis. The prototypical question is: “What are you experiencing now?” Or “What are you aware of now?” The inquiries of the Gestalt therapist tend to be questions of what is experienced and how it is experienced rather than why it is experienced. Questions of “what” tend to be more productive of observation and questions of “how” focus on the details of how the patient does or experiences what he or she does. “Why questions” tend to lead to speculative responses, defensive responses, responses that are intellectualized and guesses rather than highlighting actual felt experience.

Gestalt therapy is an experimental phenomenology. This means that the focusing often takes place through the therapist suggesting that the patient try something new – to focus on it and see what he or she experiences. An accurate understanding of the phenomenological basis of these techniques protects against making the experiment into an instrument of directed change, such as in behaviorism. This awareness focus is the true purpose of the Gestalt therapy techniques, not guided behavior change.

## EXISTENTIAL DIALOGUE: CONTACT AND RELATIONSHIP

In Gestalt therapy theory change happens through the contact between therapist and patient. The emphasis is on “meeting” the patient, to contact without aiming. The quality of

the contact, and the quality of the ongoing contact or relationship, largely determines the effectiveness of the therapy. Historically, an important aspect of Gestalt therapy's evolution from psychoanalysis was the nature of the relationship. At first Gestalt therapy contrasted an active and authentic presence of the therapist, including the therapist's creative process, with the neutral and impassive face of the classical psychoanalyst—but was not very specific about the qualities of contact that were therapeutic. This has been clarified in the evolution of Gestalt therapy. The kind of contact and relationship that furthers growth in psychotherapy is contact that has the characteristics of an existential dialogue.

The following four principles or characteristics of contact are explicated by Martin Buber and discussed in the Gestalt therapy literature (Jacobs, 1995a, 1995b).

#### *Inclusion*

When a therapist practices inclusion he or she throws him/herself as much into the experience of the patient, even feeling it as if it were happening in his or her own body – without losing a sense of self. This has been called “imagining the real.” Inclusion goes a bit further into the experience of the patient than some definitions of empathy and also is much clearer about the maintenance of the autonomous sense of self by the person practicing inclusion.

#### *Confirmation*

By practicing inclusion, the therapist confirms the existence of the patient. Confirmation is of the whole person, not just the present manifestation of the person. It includes acceptance, but also a validation of the growth potential of the patient. Confirmation supports the self-recognition and self-acceptance that is at the heart of the paradoxical theory of change.

#### *Presence*

The therapist is authentically present as a person. For this authenticity to be useful in psychotherapy the caring has to be genuine, the therapist must show him or herself as a person and the caring must be real. Presence is contrasted with “seeming”, i.e., seeming to be something that is authentic as opposed to a congruence between what is manifest or expressed by the therapist and the therapist's real experience. Inclusion requires this kind of presence if it is not to deteriorate into a mechanical technique.

#### *Commitment to Dialogue / Surrender to the Between*

The key to understanding a therapeutic dialogue is that the therapist meets the patient and does not “aim.” In a true dialogue, in therapy or in a wider context, the parties to the dialogue give up control of the outcome by being themselves and interacting with the other person who does the same. The outcome emerges from this interaction. Phenomenological bracketing enables contact, dialogue, and openness to something emerging from the dialogue that was neither planned nor predictable.

The phenomenological dialogue can be thought of as a meeting of the phenomenological experience of two people. If one aims to control the outcome, the principles of phenomenological exploration and dialogic contact are both violated. One frequent example is when the therapist experiences the patient in a more positive way than the patient experiences him or herself and the therapist tries to convince the patient of the truth of the positive experience and the distortion of the patient's sense of self. This very

tempting endeavor is not only usually unsuccessful, it only communicates that the “reality” of the patient’s negativity is too much for the therapist to bear—and the patient must feel better to take care of the therapist’s need.

In the true therapeutic dialogue both the patient and the therapist are changed. The therapist’s sense of self, other, and the relationship is changed by the dialogue. If the therapist maintains a position standing above learning from the interaction, this condition of the dialogue is violated.

## POSITIVE AND NEGATIVE INTERACTION IN PSYCHOTHERAPY

### Benefits of the Dialogical Relationship

Much of the outcome in effective psychotherapy comes from the kind of relationship discussed above. When the patient feels understood and cared about, the situation becomes safer to acknowledge their true self, including true feelings, desires, past experience, and so forth. When patients invest respect on the therapist and the therapist understands them, the attitude of the therapist to the patient becomes very important. If the therapist not only understands and cares about the patient but respects and likes the patient as he or she really is, the patient’s fixed and negative sense of self usually starts to transform by the interaction of these field forces and the new data.

### Disruptions in the Dialogical Relationship

Frequently in the course of therapy there are moments in which there is a disruption in the meeting of therapist and patient. The outcome of the therapy depends greatly on if these are recognized and how they are dealt with. If the therapist does not recognize these disruptions, or if the patient brings up the disruption and the therapist does not respond well, then the best that can happen is a compromise relationship. More commonly the lack of recognition and healing of the breach in the relationship creates iatrogenic difficulties, e.g., the shame discussed in the next section.

Several principles of the change theory we have been discussing are critical to a good resolution of the difficulty. They are “bulleted” as follows:

1. The experience of the patient as well as that of the therapist is accepted as valid phenomenological realities.
2. Responsibility for the interaction is attributed to both participants and their interaction. Difficulty in the relationship is not due just to the patient’s pathology or distorted perception.
3. The outcome that emerges from true dialogue is the best possible in the circumstances.
4. True dialogue is the relational context that is used to explicate the emerging therapist/ patient contact and developmental and characterological themes as they arise.

### Iatrogenic Shame Induction

The recent Gestalt therapy literature has discussed the induction or reinforcement of shame in the patient by the influence of the therapist (Yontef, 1993; Lee and Wheeler, 1996). Patients usually come to therapy in a state of not feeling good about themselves, and on top of that they often feel shame at needing and asking for the help of a therapist. If conditions supportive of change are to be created, the therapist must understand the shame process and how to work with it. Of course, shame created, triggered, or enhanced by the therapist's attitude or behavior if not acknowledged by the therapist are antithetical to maximal therapeutic effectiveness.

Multiple shame triggers occur in therapy. Each triggered shame event is organized by the contributions of the therapist, the patient, and the interaction between them. If the therapist uses sarcastic humor, gives the message of having a privileged knowledge of the patient superior to the patient's knowledge of self, exposes the patient before he or she is ready, is emotionally withdrawn or intrusive, and so forth, it is likely to trigger the patient's shame process. Shame is one of the biggest impediments to the development of skill at attending to one's awareness process without judgment. And it is only through such attending that the paradoxical theory of change is manifest. If the therapist responds to such incidents by treating the patient's shame reaction as a weakness created solely by the patient's fragility, thereby denying his or her own role in creating the shame incident, this shames the patient for feeling shame. On the contrary, when the therapist can acknowledge his or her own part in the interaction, the validity of the patient's experience, and can share his or her own experience without being defensive, the shame and the rift in the contact can be healed.

#### SUMMARY

The Gestalt therapy theory of change is that change happens as a result of the forces of the field. When the field supports the emerging experience of children, they learn that they can identify with who they really are, they can "be themselves," and can then learn from the experience. When the emerging experience is not supported, when the child is not met in this way, the child learns to limit his or her awareness to something accepted by the parents. When this becomes introjected and part of the sense of self, future situations that could be opportunities to learn and change are limited by the fixed sense of self that cannot adopt to the new field conditions.

In psychotherapy the therapist has the opportunity to meet the patient by identifying and respecting the validity of the patient's experience while simultaneously manifesting his or her own experience. From this interaction both the patient and therapist can change and grow. Out of these interaction opportunities try something new, to experiment, come up and present further opportunities for phenomenological exploration, experimentation in contact, refinement of understanding through experimentation, and exploring new possibilities.