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Beyond Two Chairs – Why Gestalt Psychotherapy?

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This article describes some key concepts in gestalt psychotherapy from the perspectives of both a clinical psychologist working in the NHS and training in gestalt and a gestalt psychotherapy trainee.

> '[There] is no Gestalt therapy cookbook. Cookbooks are for craft, and therapy is an art. And I think that doing therapy is an art that requires all of the therapist's creativity and love.' – Yontef (1993)

One of the advantages of clinical psychologists' involvement in the NHS is the ability to draw on multiple models when understanding any particular clinical situation. Despite the large quantity of psychotherapeutic process-outcome literature emphasising the importance of pan-theoretical factors, the use of multiple theories continues to be a defining characteristic of the profession. We believe that this diversity is something to be encouraged, not least because of the flexibility it offers in both clinical work and research. In our paper we describe gestalt because it is a minority model which is not

widely understood despite there being a sizeable minority of clinical psychologists who use and draw from it. What we find is that even those people who use parts of it in their practice do not always grasp the full scope of the approach.

When we talk about gestalt psychotherapy the immediate association is often to isolated techniques such as two chair work. As a clinical psychologist undertaking specialist training in gestalt (Kirsty) and a gestalt psychotherapy trainee (Mae), we believe that there is far more to this approach than is commonly perceived. In these times of increased accountability gestaltists nationwide are aware of a need to communicate clearly about what is involved and are researching their effectiveness according to well-validated measures. In this spirit of open communication we decided to write a paper with the aim of consolidating our burgeoning theoretical understanding (although we by no means promise a definitive theoretical overview of modern gestalt), to reflect on our personal experiences and perhaps also to build bridges and challenge some stereotypes along the way.

Gestalt psychotherapy is defined as humanistic and draws on such diverse roots as existentialism, holism, psychoanalysis, Eastern philosophy, phenomenology and field theory. For the purposes of this article we have broadly based our categories on characteristics that Joyce and Sills (2001) describe as theoretically central, and have included our personal reflections along the way.

Awareness

In many ways, awareness in gestalt is similar to the concept of 'mindfulness' in which we '[pay] attention: on purpose, in the present moment, and non-judgementally' (Segal, Williams, Teasdale and Kabat-Zinn, 2007, p.54). Gestalt psychotherapy was the first theoretical orientation to consider mindfulness as part of its model of health. In the psychotherapeutic setting we utilise it within a relational framework. The therapist uses herself as an instrument, responding to the client within their immediate co-created relationship. In this way, clients are able to powerfully experience in the here-and-now how they recreate habitual patterns in their relationships (and in gestalt the model of 'self' is relational) so that they may have opportunities to make different choices. For example, I may notice how I distance myself from truly connecting with another. With awareness, we can explore what is significant about the distancing, and how that is also a communication to the other. This may allow me to experiment with alternatives in therapy. The therapist varies her approach according to the length of the therapeutic contract and what is most significant for each client.

Phenomenology

One of the ways in which we facilitate the client's growth in awareness is through the phenomenological method. 'Phenomenology asserts that while what we perceive is colored by our preconceptions and our method of viewing, we can learn to pay close attention to the actuality of our sensing, to what our senses tell us. We can also learn to

recognise what preconceptions we bring to a situation, and to bracket them off, and thus come closer to an ability to relate to our environment in an immediate way.' (Philippson 2001, p.227). Fritz Perls, one of the founders of the approach, called gestalt the therapy of the 'obvious'.

Mae likes the emphasis on the immediacy of experience – for both client and therapist. She feels that this focus on present centredness can be powerful, as clients realise how they make sense of the world, and how this can be a flexible process, or open to change. The therapist can model this approach by sharing her own experience during the session. The simplicity of working phenomenologically appeals to Kirsty and she finds that clients can often feel profoundly seen. The effect is powerful and because phenomenological observations don't add extra layers of meaning they can open up entirely new and sometimes unexpected areas of interaction.

Dialogic Relationship

The therapeutic relationship is of paramount importance in gestalt. We think of the self as relational. We are continually created in our relationships, so any understanding of how we function in the world must be an understanding of our relationships with others and to our environment. This view of the self is supported by the recent neuroscientific discovery of 'mirror neurons', as described in the work of Rizzolatti and Craighero (2004) and others. These neurons are located in the premotor area of the brain and are activated when we see another person carrying out an action. They give the observer a

direct, embodied sense of 'what the other is doing: not only their actions, but also their intentions' (Philippson 2006, p. 60.) From that perspective, consciousness is not just an intrapsychic event. The therapist and client do not have two separate consciousnesses which then interact to produce intersubjectivity. Instead there is an 'intersubjective matrix' (Stern 2004), in which therapist and client both create intersubjectivity, and are constantly shaped by the same process of creation. Therefore developing the therapeutic relationship can already lead to the client experiencing novel possibilities for living. So when formulating and understanding the client's presenting issues, we take intersubjectivity into account and think in terms of a process-based 'gestalt diagnosis'. For this, we would use information about our own experience during the session, our impressions of the client and of how the relationship is forming between us.

In understanding the psychotherapeutic relationship, psychodynamic concepts such as transference and countertransference are part of the Gestalt approach, and dialogue is also a cornerstone of the therapeutic relationship. In this context dialogue can be both verbal and non-verbal in nature. Yontef (1993 p.218) describes five characteristics when a therapist is working dialogically. The therapist is required to practice inclusion (remain fully present in the interaction and to loosen her boundaries enough to simultaneously enter the fullness of the reality of the client as she feels it), be 'as fully present as possible with all of me; body, feelings, mind and soul', be committed to dialogue, be non-exploitative or manipulative, and to be doing and experiencing rather than analysing.

Working this way places demands on the therapist herself: good self-awareness, a commitment to being fully present and authentic, and to respond spontaneously and creatively within the therapeutic relationship. Our experience is of a challenging training requiring a commitment to using our whole selves including a willingness to place ourselves as 'fellow travellers' (Yalom, 2003) with our clients with all the risks that this entails. This is why our own personal therapy is an integral part of our personal and professional development. Kirsty describes a certain discomfort in becoming more aware, at times, of areas of her own relational inflexibility and its impact on interventions. 'This was not so apparent to me when I predominately used models in which the therapeutic relationship was important but not the central component of the therapy'. Consequently it requires a 'huge commitment to personal development, rather than a refinement of my technique'.

Field Theory and Holism

In working therapeutically we understand that 'a person's behaviour can only be understood in terms of his interdependence with his environment because his social, historical, cultural field is intrinsic to him. … The field is all the co-existing, mutually interdependent factors of a person and his environment.' (Clarkson and Mackewn, 1993, p.42). Gestalt psychotherapy derives some of its thinking on holism from sources such as Jan Smuts, who stated that 'The organism consists of parts, but it is more than the sum of its parts, and if these parts are taken to pieces the organism is destroyed and cannot be reconstituted by again putting together the severed parts.' (Smuts, 1996, p.101).

Growing up between the UK and Singapore has meant that, for Mae, gestalt feels inclusive and respectful of different cultures while at the same time 'challenging me to question my own implicit cultural beliefs' (in gestalt terms these are 'my 'introjects', that is, beliefs or values which I have 'unquestioning taken in from the environment as if [they] were true' (Joyce and Sills, 2001, p.124)).

Existentialism

Gestalt takes the position that people have fundamental existential responsibility for their lives. 'There is a great emphasis on the choices which people make, and people's relationship with the givens of the world, for example with death.' (Philippson, 2001, p. 226). As a client in therapy Mae found that 'it was challenging not to be told what I should do by my therapist and it was also freeing to realise that all the choices were mine. When working therapeutically it feels liberating not to tell clients how they should live their lives, but to explore how they are living their lives.' In Kirsty's work with older people 'there are often such themes as death, dying, impact of ageing, spirituality and grief even if these are not the specific reason for referral. Gestalt training appeals 'because of the existential depth at which it allows me to work'. She finds that such themes are no less relevant with her younger adult clients even if they may appear in different guises.

Gestalt Experiments

Gestalt has a rich history of using experiments arising from the dialogue between therapist and client, and which meet a multitude of aims, such as raising awareness, exploring novel possibilities, and enabling clients to relate to and take responsibility for some of their unacknowledged characteristics. Two chair work would be one example of such an experiment, but would always evolve from the dialogic relationship, rather than being applied purely as a technique. The process should be 'a creative one, emerging from my contact with the client rather than from a set of standardized experiments, known to produce a standard reaction...[] I am facilitating the client to be *unpredictable* – even to me.' (Philippson, 2001, p.165-6).

Paradoxical Theory of Change

Gestalt psychotherapy methodology centres on the paradoxical theory of change. That is, 'the Gestalt therapist rejects the role of 'changer,' for his strategy is to encourage, even insist, that the patient *be* where and what he is.' (Beisser, 1970). A useful attitude the therapist can adopt to facilitate this process is one of creative indifference, a concept with roots in Eastern spirituality. (Joyce and Sills, 2001). We see a connection between the gestalt idea of the paradoxical theory of change and Taoism and feel that the concept is described elegantly in the Tao Te Ching.

If you want to become whole,

Let yourself be partial.

If you want to become straight,

Let yourself be crooked.

- Tao Te Ching, verse 22. (Mitchell, 1998).

It is worth noting that the paradoxical theory of change relies on clients being able to self-regulate in relation to their current environment. One limitation to applying this theory is that if clients have experienced profound early neglect and/or trauma they may not have the neurological structure to respond adequately to the environment (Schore, 1994). In that situation, the therapist may temporarily need to take on an agenda for her client (Philippson, 2006). Fortunately it appears that except in extreme circumstances there is sufficient neural plasticity in later life for significant change to occur (Schore, 1994).

Mae appreciates how the application of gestalt theories can span ancient Eastern philosophy, and modern Western neuroscientific research. Foremost for Kirsty is the respect that she believes is conveyed by accepting a person for the totality of who they are, but also in collaboratively noticing the ways in which these adaptations have become outdated or unhelpful. She points out that rather than meaning a passive acceptance or 'anything goes' it can be really quite challenging for clients to be wholly as they are with another person.

Conclusion

We hope that we have given a flavour of our initial explorations in the field of gestalt, and that these will elucidate what we see as key concepts in the theory and application of the approach. Whilst it is not a definitive outline we hope that it could be a starting point for readers who may be interested in further exploration. Gestalt has evolved from diverse roots and, in the true spirit of holism, we believe it is more than the sum of its parts.

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