

Gestalt couples therapy

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Abstract: Couples therapy is often described as a more active, or even as a more directive form of psychotherapy, and is frequently written about with a focus on technique. This paper argues that Gestalt therapists can work with couples dynamically while remaining collaborative and dialogic in their approach. Four foundational theoretical assumptions are discussed and subsequently connected to four aspects of their application to couples therapy. In particular, the Buberian dialogic method is offered as the heart of Gestalt couples therapy, and various clinical vignettes are presented to illustrate Gestalt work with couples.

Keywords: couples therapy, relational Gestalt therapy, field perspective, field conditions, perspectivalism, dialogic method, experimental attitude, experience-near psychotherapy.

For some years now, I have been teaching graduate courses in couples therapy at a local college, and I am writing this paper because I have often found it challenging to convey to my students the ways in which some of the broader Gestalt therapy principles relate to the pragmatic clinical issues that arise in couples counselling. I do consider couples therapy a specialised psychotherapeutic modality and I believe that it does help to develop particular skills, such as the ability to manage a heated exchange between partners or to appreciate their unique perspectives, while at the same time keeping my eye on their relationship as a whole. But I do not think we need to lean on particular techniques when working with couples or to compromise Gestalt therapy's non-hierarchical attitude. In this paper, I will attempt to articulate a Gestalt couples therapy approach without focusing on explicit steps to be followed or viewing the therapeutic process as a series of sequential stages. I will discuss a basic psychotherapeutic stance for Gestalt therapy with couples and how it leads towards what I call an interventional map, one that is not limited to a prescriptive list of techniques. While couples therapy is a distinctive type of psychotherapy, I believe that the dialogic attitude should remain the guiding principle for Gestalt therapists, as the application or restoration of a dialogic engagement between partners is in fact the heart of couples therapy.

As we become more experienced as therapists, we begin to understand that what we do in our sessions with couples always flows from a certain way of thinking about the therapeutic situation. One might say that our therapeutic actions, including our approach and our

specific interactions with our clients, are the result of a psychotherapeutic philosophy, even if that philosophy has not yet been articulated and exists below the threshold of awareness (Hersch, 2003, pp. 3–7). In the first part of this paper, I will describe four concepts that illustrate the more implicit part of a Gestalt therapy approach with couples. These principles operate on the level of psychotherapeutic stance or philosophy, and thus they support a particular attitude towards the therapeutic task:

1. The Gestalt therapy field perspective
2. The paradoxical theory of change
3. Perspectivalism
4. A present-centred approach

In the second part of the paper I will focus on therapeutic interactions and on interventions with couples.

Part I – Foundational concepts that inform our therapeutic stance

The following basic Gestalt therapy principles emerge from a vast background and a multitude of influences from within and beyond the field of Gestalt therapy literature. For this paper, I will only draw a brief sketch of how these concepts pertain to our work with couples.

1. Gestalt therapy field perspective

Gestalt therapy's field theory views reality as a dynamic of interacting and interrelated forces (Schulz, 2013, pp. 29–32; Yontef, 1993, pp. 285–343). This theory draws from a holistic tradition and bases itself on the

understanding that individuals are embedded within multiple contexts (Wheeler, 1994, p. x).¹ I will briefly discuss how four aspects of a field perspective relate to our work with couples. To begin with, each individual within a couple system is impacted by a multitude of influences that affect his or her perspective and the way he or she thinks, feels, behaves, and makes sense of the world. These include the person's history, upbringing, education, gender, race, their status as a child within their family unit, and the status of their family within their community, to name just a few. As Matthews (2002) points out:

In an individual's life, as in a passage of prose, the particular incidents get their meaning from their relation to what has gone before, so that the self that I am ... is not a mere 'bundle of perceptions' bound together by timeless external relations, but something that develops over time, much in the way that a nation develops over its history, or (to vary the metaphor) in which the plot of a novel or a movie develops in its successive episodes. (p. 94)

By definition, a couple system consists of two people, who both bring the complexity of their personhoods into their particular situation with each other. These unique and complex meaning-worlds influence the relationship between these two people. The couple as a unit, of course, is also embedded within its own particular background. Aspects of this include each of their extended families, their common circle of friends and the traditions of their community (Lee, 1994, p. 269).

Secondly, as a couple starts therapy, both members are entering yet another relationship – the one with their therapist. The partners often bring up issues that have never, or only fleetingly, been talked about previously. This may be due to the therapist's inviting presence, a previous habit of avoidance or the partners' sense that they can now relax into the hands of an 'expert', someone who can help them 'sort everything out'. At times, intense exchanges can emerge because one or both partners feel that they have finally found an ally who will take their side on a point of contention. Whatever the situation might be, the parties have now entered into a new relationship that will influence the couple as well as the therapist (Yontef, 2013, pp. 123–137).

Thirdly, regarding a field perspective, we need to consider the phenomenal field, which refers to the notion that there is a lot of overlap in the ways in which human beings perceive the world, but that each individual has a unique perspective and makes meaning of situations, problems, and events in a very personal and distinct manner (Schulz, 2013; Staemmler, 2006; Spinelli, 2005). In couples therapy, we find that while the partners may agree about many

aspects of their lives, they often attach very different meanings to specific situations and argue about the causes and effects of their own and their partner's behaviours. The differences between their phenomenal fields, in other words the way in which each partner experiences events in their world and interprets the behaviour of the other in light of their own meaning-making, comprise one of the most common issues that couples struggle with.

Lastly, I want to mention the concept of *prägnanz* and the idea that: 'the principle of *prägnanz* [sic] points out that any psychological field is as well organized as the global conditions will permit at that particular time' (Wallen, 1970/2006, p. 11). As a Gestalt therapy principle, it refers to an attitudinal lens through which therapists view their clients as individuals who are continually trying to find the 'best' solution for the situations within which they find themselves.² An example might be a couple's initial reluctance to discuss their sexual problems in therapy, due to beliefs and feelings about personal privacy or their sense of what is proper to bring up with an 'outsider'. This disinclination might be rooted in their families of origin and/or their community. Recognising that the couples' behaviour is not indicative of a resistance to the therapeutic goals, but is instead a creative adjustment to various factors, helps the therapist continue to explore the couple's field conditions rather than prescribe a behavioural change designed to make them function in a particular, 'better' way.

2. The paradoxical theory of change

'Meeting, not moving [the client]'³ is a slogan that Lynne Jacobs coined in order to highlight the essence of the paradoxical theory of change (personal communication, August 2014). The catchphrase has its origins in a statement made by Arnold Beisser (who labelled this notion a paradox in his brief article): 'change occurs when one becomes what he is, not when he tries to become what he is not' (Beisser, 1970/2006, p. 77). This refers to the idea that the support needed for change and growth can be found in the present situation in which people find themselves. Specifically, a person self-regulates by being aware of how he or she feels, thinks, senses and behaves, and not by focusing on how he or she wishes or fears that they would (Yontef, 2005, p. 86). The paradoxical theory of change has been an important theoretical support for Gestalt therapists in their exploration of their clients' experiences, and it helps them to avoid therapeutic traps such as looking for quick fixes or moving a couple in the direction of a specific agenda. Yontef states it this way: 'The Gestalt Therapist prefers to create the conditions for self-awareness that will support natural change rather than to become an agent of programmatic behavior change'

(ibid., p. 83). As a principle, it is a useful attitudinal guideline for therapists, but its premise can also help enhance personal interactions between the individuals in a couple.

But for the partners, especially those going through a crisis or a period of high stress, the implications of 'meeting, not moving' can easily get lost. Learning to actually meet the other and pay attention to what they want, intend, or feel is in fact one of the practices that couples find most challenging to implement during difficult times. The pain of not being attended to, of many hurtful fights, or of feeling like they have compromised too often can create an atmosphere of 'no more!' This often translates into 'no more' patience for the other partner and an unwillingness to be vulnerable with each other. Their ability and readiness to meet their partner might well be at a low point. In order to begin working with a couple, therapists need to start by accepting 'what is'. 'What is' includes a couple's idiosyncratic dilemmas or conflicts and their desire for a way out of their current impasse, even though they are not able, at this time, to access the necessary support for that change to occur (Zinker and Nevis, 1994, p. 363).

3. Perspectivalism⁴

The foundational aspects of Gestalt therapy theory all overlap and inform each other, and this is especially true when we discuss conceptions of reality. The concept of perspectivalism is rooted in the tenets of field theory and existential phenomenology, which reshuffled many nineteenth- and twentieth-century scientific atomistic paradigms (Schulz, 2013; Staemmler, 2006).⁵ Perspectivalism refers to the acknowledgement that human beings all have a unique experience of life, despite vast overlaps between peoples' perceptions of the world (Wheeler, 1994, p. xi). Since every human being's meaning-making process leads to a discrete perception, it cannot be predetermined, and consequently, therapists cannot claim a privileged viewpoint of the truth or of a couple's problems and the best possible solutions for them. But these unique perspectives can be shared, explored and more fully understood. For Gestalt therapists, this means valuing the partners' subjective experience and working towards the collaborative process of 'making sense together' (Staemmler, 2009, pp. 305–334). In practice, this attitude of cooperation can serve also as a model for the couple and can help them regain an appreciation for their differences.

Two of the most important implications of perspectivalism and the paradoxical theory of change for couples therapy are that as long as someone's point of view is not respected and understood it will not change and also that the power to better a relationship lies in

the partners' capacities to 'meet the other', and not in their ability to produce a more convincing argument.

4. A present-centred approach

Gestalt therapy is considered an experience-near psychotherapeutic approach. This refers to the value that is placed on the actual experience of both the client and the therapist, and is a consequence of Gestalt therapy's theoretical background of field theory, the paradoxical theory of change, and perspectivalism. Specifically, this means that as human beings we construct our sense of reality on the basis of our perception and our experience of the world (Spinelli, 2005, pp. 7–13). Thus, only the individual him- or herself can experience their particular anguish, joy, or emotional pain. Only the individual can ultimately know whether they feel relief or find themselves in greater distress after a particular life event or therapeutic intervention. As therapists, we can only witness, guess, and empathise in order to come closer to an understanding of the client's experience. But without confirmation from our clients, verbal or non-verbal, we have no authoritative knowledge as to what is truly going on for them. Therefore, each individual is the ultimate expert on how things affect him or her, and the test of truth regarding our empathic statements and interpretations is the client's experience of them.

Regarding couples therapy, the current experience of the partners ultimately guides the session and helps us understand what is important and needed at a specific moment in therapy, or throughout their lives together. For example, asking the partners to look at each other during a session and report what they are experiencing in that very moment can easily lead to a discussion about the difficulties they might have with intimacy in their daily lives. But both the experiences of being with each other in this moment in time and of remembering and referencing what has happened before occur 'here and now' (Harris, 1994, p. 309).

Part II – An interventional map: four areas of application

As mentioned earlier, psychotherapeutic interventions are actions by the therapist based on his or her underlying psychotherapeutic philosophy. For example, a field perspective leads to an exploration of field conditions, and the paradoxical theory of change encourages an examination of current experience. Also, perspectivalism necessitates dialogue, while a present-centred approach supports experimentation. But there is too much overlap between the various theoretical concepts that were introduced in the first part of this paper to parse out specific corresponding

interventions. In the subsequent four sections I will examine the more explicit side of couples therapy – what is expressed by the therapist and how he or she interacts with a couple:

1. Exploration of field conditions
2. Attention to present experience
3. Modelling and the facilitation of dialogue
4. Experiments and the experimental attitude

1. Exploration of field conditions

The term field conditions refers to all factors that influence the couple. They might be associated with the individual partners, the couple as a whole, or they might be environmental factors.

Commonly, therapists first ask the couple to describe their presenting problem.⁶ What are the conflicts, impasses, or other issues that have brought them to therapy? More general questions might follow: how long have they been together, do they have experience with therapy, and how do they function when difficulties arise? All these circumstances are examples of field conditions.

An individual's perspective and experience arises out of an embeddedness within different contexts. Lynne Jacobs has written about the term 'social location', which refers to the various contexts that a person is 'located in' (2006a), such as gender and race affiliation, educational background, monetary success, or career prospects. Cultural background and sexual preferences are also important contexts that influence a person's sense of themselves in relation to their community, as well as their thoughts and feelings about their relational life. Additionally, the partners' individual beliefs, behaviour patterns and emotional sensitivities influence the interactions between them, and in part determine how they deal with their wider community, including friends, family, and work relationships.

A couple's capacity to navigate their relationship is also influenced by the partners' 'enduring relational themes' (Jacobs, 2009, p. 69; 2017, pp. 7–16),⁷ and the formulation of links between these interactional patterns and the couple's current relationship dynamics comprises one of the aspects that couples therapy can address. For instance, a script such as 'we will figure things out by ourselves and we don't need help from others' obviously affects how the couple marshals resources and whether or not they are able to work cooperatively. Similarly, if one of them has a longstanding habit of thinking and feeling that 'my voice is not important, it's best when I stay quiet', this belief is an important dynamic that the couple needs to address in order for them to communicate more effectively with each other and to find methods of solving issues that balance their individual needs better. The male

partner in a heterosexual couple that I saw felt that 'as a man I am supposed to be in charge, and in control'. When we explored this further, he added 'otherwise I cannot, ... dare not share my vulnerabilities'. He was eventually able to talk about the conflict between his desire to feel closer to his wife and his embarrassment about telling her directly what he needed from her. His shame about his needs had kept the dynamic between them somewhat stagnant and had prevented him from freely communicating what he wanted. Additionally, his wife was afraid of confronting him because she did not want to trigger his shame, which contributed to the conflict. By bringing their thoughts and feelings about this relational pattern into the conversation, both partners had a better chance of fulfilling their wishes and needs, in particular their wish to feel more connected to one another.

Support, or its absence, is another significant field condition. As individuals and partners in relationships – relationships of all kinds – we need support for everything that we do, feel, or think.⁸ Also, support is needed for any shift in awareness or behaviour. Support can be as concrete as the food we eat to support our bodies' energy levels or as subtle as an inviting look we receive from a friend that reinforces the ease and rapport between us. The way that the partners in a couple support each other in day-to-day life is a crucial factor in how they work through relational difficulties, and therefore improving this skill helps them achieve greater satisfaction in their lives as individuals and as a pair (Lee, 1996/2003, p. 178). For example, when they learn to provide support by listening without immediately defending themselves, they are more likely to achieve a greater sense of intimacy between them.

Lucy found Mary's wish to withdraw after their argument from the day before extremely hurtful to hear.⁹ As I talked to Mary she was able to discuss the painful choice she felt she had had to make between Lucy's wish to stay engaged and her own need to be quiet and alone for a while. Lucy, after observing this interaction and thus gaining some emotional distance, said to Mary, 'Now I finally understand why you need to keep me away when you feel so low!' Relief was clearly visible on Mary's face as she broke into a smile and said, 'I feel bad when I push you away, but I just need time to regroup and find myself when I am that upset.'

Similar to the way that partners gain support from being listened to, the experience of expressing themselves more freely will make their mutual understanding easier and thus will also help them getting their needs attended to more directly. For example, clarifying communications between the partners often increases their ability to discuss subjects that previously felt emotionally too risky to them.

Shedding light on the intentions of what has been expressed and/or the way that a partner received that communication, can be a tremendous support for the success of a couple's interactions.

In one of our sessions, the boyfriend started to talk about the anxieties he felt when he went to parties together with his girlfriend. He was ashamed of being overly sensitive to her behaviour in those situations and didn't want to risk being seen as a 'control freak' by talking to her about his feelings. As we all engaged in a conversation about this, he noted the relief he felt as he saw that his girlfriend and I were interested in his struggle, rather than judgemental. Eventually, with some guidance, he spoke directly to his girlfriend about his feelings of shame, but also about his anger concerning what he saw as flirtatiousness on her part. She responded by saying, 'I'm surprised! I didn't know that you start feeling this way when I joke around with your male friends. But now that I can see how that makes you feel more clearly, I'll certainly try to be more mindful next time.' Then she added, 'And I love that you are talking to me about this. I usually feel like I am the only one who feels vulnerable!'

The final field condition I want to mention is the way in which a couple's habitual interactions can act as a form of a self-other regulation. A common example is the emotional distance that some couples maintain. One couple I saw brought up their wish for increased connection and intimacy, but as soon as one partner reduced the emotional gap between them, the other would either minimise that gesture or action, or pile on with criticism that they had held back before, dramatically reducing their chances of creating the closer connection they had wished for.

The individual partners often have difficulty understanding the struggles that they wrestle with as a couple. Frequently, partners focus on prodding each other towards a particular change in behaviour rather than on looking for inclinations they could change themselves. This egocentric point of view is of course not uncommon, but because interactional patterns in a relationship are co-created, it is not a workable guide for healing the rifts and ruptures that initially bring a couple to therapy. The guidance of the therapist, obviously a crucial field condition during the couple's therapeutic process, can have great influence in bringing what has been habitually unexpressed to the foreground (Lee, 1994, pp. 276–280).

A couple had been in therapy with me for a few years. In one of the sessions the wife reported that after our last meeting, they felt that one of their struggles had been resolved. In her view, her husband had suddenly become more receptive to discussions about an important change in their upcoming vacation plans. This had been something that she had felt frustrated about,

but now she felt relieved and grateful. I asked each of them to describe what they thought had contributed to this change. After a while, I summarised what I had understood so far, but my account was not a satisfying explanation for either of them. We talked further and each of them added important features of our interaction from the previous week that they felt had contributed to their change in tone with each other. As a fuller picture emerged, we also began talking about the process of therapy, including how they experienced their sessions in general and how they felt about me being part of their conversations. The wife then said, 'Just talking about our difficulties helps so much. It loosens up the hardened fronts. And we needed you to help us put into words some things we often think or feel, but have had a hard time expressing to each other.'

To conclude this section, we can say that examining the relevant influences on a couple's life, whether environmental or psychological, helps us understand their current functioning better and thus provide them with a starting point for a more satisfying way of being with each other. This exploration not only yields more information, but also serves to contextualise a couple's problems and the partners' individual struggles, which in itself helps to reduce shame and clarify needed supports (Lee, 1996/2003, p. 181).

2. Attention to present experience

Contact is a central concept in Gestalt therapy theory and practice (Perls, Hefferline and Goodman, 1951/1994, p. 3). Being in touch with their own experience helps a person navigate life's problems and the complexities of being human. We are constantly in contact with the world we live in and with our experience of it. But contact can also be enhanced in order to become more effective and satisfying. The main tool we have at our disposal to improve contact is the awareness process. Thus, the main goal of treatment in Gestalt therapy is to increase awareness (ibid., pp. 4–11). That is why an exploration of field conditions, as discussed above, needs to be accompanied by an examination of how the partners experience these factors and influences, and how they experience their communication about them.

Some of the dynamics that the partners allude to during their reports of past events are also present in the way they interact with each other in the consultation room. The immediacy and emotional vitality of the present moment's experience are needed in order to make exchanges in therapy feel relevant. As one husband explained to his wife beautifully: 'What doesn't work for us is when we talk *about* what is happening in the moment. But that's not really saying what it *feels* like!' The partner's physical reactions and emotional liveliness create real-life moments that help the therapist and the couple to look for and practise

new modes of interacting in ways that do not feel remote or academic.

Both husband and wife had articulated a wish to feel closer to each other and to become more connected. During one of their sessions they discussed some differences between their bedtime routines. I asked what happened for them emotionally as they went through the rituals of saying goodnight and going to bed at different times, as was their custom. They explained that they had different sleep needs and that the husband usually wanted to stay up longer, etc. I asked, 'Yes, but how do you feel when you say goodnight and he stays behind?' 'I am a bit sad at times,' the wife said. 'I wish we could have a little time together at the end of the day.' The husband chimed in to say that this was also true for him, but that he hadn't wanted to bother her and therefore hadn't said anything; instead just letting her go to bed. When we discussed this further, he said, 'I would like to go to bed with her at times, but don't want to be rejected.'

At times, clients complain that what happens in therapy is not 'real enough' or that it does not translate into their everyday lives. Similarly, they sometimes feel that therapy is 'only talk' and that it does not change anything in their 'outside' interactions. Of course, this might actually be the case, and recognition of this issue will need to be part of the therapeutic conversation. But often, the complaint also expresses a couple's underlying fear that while what is happening in therapy might seem to make a difference in the moment, its effects might be too fleeting to actually change their lives in a more lasting way. It is true that changes which begin in the therapist's office concerning longstanding habits of interacting and perceiving may take quite some time to make their way into a couple's everyday interactions. But new experiences in therapy also shape the future by offering the clients hope and new ways of responding to challenging situations. A focus on awareness of the partners' physical, emotional and mental experiences will help the couple with the difficult task of revamping their relationship.

During my third session with Brenda and Joe, an emotional exchange took place that affected Joe deeply. He said that he felt moved, and went on to say that he had 'messed up' in the earlier years of their relationship and that he wanted to apologise for that. He spoke with feeling and seeming sincerity. But Brenda immediately dismissed his apology, even though she had mentioned before that this was something she had wanted from him. She said that his apology was not enough; he also needed to show her that he had changed through his actions. I inquired whether the apology in itself was not already a change. She acknowledged this, but said that she was afraid that it was not going to last. This was an interesting moment for all three of us. Here was a new situation that created new experiences for them both.

It could have turned into another fight about their old scripts of 'too little too late' or 'you are never happy with anything I do', but when we dug a bit deeper into their feelings and sensations in that moment, other issues came to light. These included Brenda's fear that she would be disappointed again and that Joe's gesture did not signal a change that she could rely on. This fear often caused her to point out other things that he had not done yet. Similarly, as Joe got in touch with his feeling of hurt and dismissal, he acknowledged his tendency to 'shut down' and become more hardened towards Brenda when he didn't find her receptive to his wish to connect with her.

In this situation, the couple needed my support to sustain their intensely emotional dialogue. Among other things, it showed them the possibility that sticking with powerful and distressing feelings can actually be a way to connect with each other.

But the new ways of interacting that partners practise during therapy sessions might not come to mind during a stressful interaction in their lives outside the treatment room. Likewise, partners might feel too embarrassed to act on what they have experienced and committed to during a session. However, what is not working or seems 'too hard' can become part of the therapeutic conversation and can even help create links between the events in the therapy room and the partners' interactions outside the office, in their everyday lives. The differences between a couple's therapeutic situation and their outside communications do not need to stay an unknown factor. These dynamics need to be regarded as communication and information, not as 'resistance' or opposition in the classical sense (Wallin, 2007, p. 170). These factors need to be treated in the same way as any other issue in therapy: they need to be more fully understood.

The issues being hypothesised and talked about in therapy need to be grounded in the couple's here-and-now experience – anchored in their affect, their body awareness, and thinking processes. Interactions accompanied by an emotional, mental, and sensory awareness have the power to influence established habits and ingrained beliefs. Each partner's present experience of themselves and of the other are doorways to the meanings that events and behaviours hold for each of them.

3. Modelling and the facilitation of dialogue

The practice of the dialogic method is at the heart of Gestalt therapy's methodology (Hycner and Jacobs, 1995, pp. 82–84; Yontef, 1993, pp. 204, 237), and the partners' dialogic capabilities and the potential restoration of dialogue between them are of central concern in Gestalt couples therapy. At times, therapists might find themselves working more actively with

couples than with their individual clients, but this does not need to translate into a deviation from the therapeutic path discussed earlier – therapists can work dynamically while remaining collaborative and dialogic in their approach.

The dialogic method entered Gestalt therapy theory through Martin Buber's ideas on inter-human interactions (Buber, 1999). The three elements of his dialogic method – inclusion, authentic presence, and commitment to dialogue – have become hallmarks of Gestalt therapy practice. But how does the dialogic method assist us in our work with couples?

In short, we help couples learn to address their issues first through dialogic engagement in the therapeutic setting, but then also through use of the dialogic approach when dealing with their everyday struggles with each other (Wheeler, 1994, p. xii). For some couples this means facilitating the restoration of a dialogic attitude that has been absent from their conversations, and for others it means helping them discover and practise a way of interacting that is new to them. Of course, at times the couple might not be able, or inclined, to engage with each other dialogically. If this is the case, we need to explore what stands in their way. It may be that one partner views the therapy as a support for the other while they themselves want to leave the relationship. Or the hurt by one or both is too deep to want to connect. As mentioned before, as therapists we cannot force or manipulate our clients into a particular way of being, but instead their dialogic abilities or inclinations will serve as a diagnostic tool, which also can be used as feedback for the couple.

Buber's term inclusion refers to an active empathic attunement, which is implied by his suggestion to 'imagine the real' (Buber, 1999, p. 14). This challenges therapists to envision what it would be like to experience the world as their clients do – to enter their phenomenal world. But this method of opening oneself up to another's experience and perspective of reality is also important for partners in a couple as they try to overcome some of the impasses in their relationship. This openness can be facilitated in different ways. For example, the therapist can demonstrate his or her non-judgemental interest by listening carefully to the perspectives of each of the partners and by being willing to decentre from their own perspective in order to gain a better understanding of the problem at hand. This kind of modelling conveys that the therapist and therefore also the partners can be open to understanding another person's way of seeing a situation without needing to agree with that viewpoint or needing to argue one's own perspective. An exercise that I learned as a psychotherapy intern might serve as an example: one of the partners discusses something that is sensitive for them and the other only listens and

repeats back what they hear – not a 'corrected version'. Of course, both partners are given an equal chance to talk and have the other listen without arguing back or revising their statements. It is hoped that in time the couple will learn to integrate this practice and, more importantly, the attitude that is at the heart of it into their daily lives as a way to tackle difficult issues with each other.

For therapists, the concept of presence requires them to pay attention to their own experience, and to use this awareness in the best possible way to further a couple's therapeutic goals. Buber's 'genuine and unreserved communication' requires an honest engagement from the therapist (Buber, 1999, pp. 85–88). Here, unreserved does not mean that the therapist expresses whatever he or she feels and thinks. Instead, the term refers to an openness towards a genuine meeting with the couple, not just practising a role, e.g. the role of 'being a good therapist'.

The couple had long been struggling with issues of sexual intimacy. John in particular felt anxious when talking to me about the problem. Normally a very self-assured man, one day he mentioned the increased insecurity he felt whenever they would arrive for their sessions. I had seen this couple for quite some time, but his outgoing manner and success in the world had actually made me nervous as well, which I then decided to tell him about. He sat up and looked at me with open eyes, obviously quite interested: 'Why you? What have you got to be nervous about?!' I told him that I felt a bit intimidated by him and, as a result, felt some pressure to 'do things right' in our sessions and not to 'mess up', scripts that are holdovers from an often sarcastic and critical upbringing in my family. This couple and I had always had a good rapport, and so I felt that they could absorb my disclosure without being sidetracked by it. But at the same time I was a bit worried that I might undermine my 'standing and authority' as their therapist. The husband looked at me, a bit puzzled, as if he had to revise his image of me as a person who had it all together and who didn't have to struggle with insecurities. But subsequently he relaxed and was able to discuss his anxiety as well as their sexuality with more ease. Similarly, I felt more relaxed in sessions with him from that time forward.

Specific disclosures by the therapist are, of course, only a part of what it means to be present. We are disclosing to our clients at all times – not just through what we say or do, but also through how we engage with the couple. Our word selection, tone of voice, facial expressions, and body movements all 'disclose' something about us as individuals and about what we are experiencing at the moment. These are all ways in which we are present to our clients, as is the choice of clothing we wear during a session or the design of our offices. Considering this, the question we ask

ourselves as therapists changes from whether or not it is appropriate to be present – we cannot help that – to how we can use our presence in the most productive way. The notion of ‘making sense together’ touches on this as well, since the therapist does not act like a physician who prescribes medicine, but rather like a collaborator in exploration.

The third element of Buber’s dialogic method, ‘commitment to dialogue’, refers to the therapist’s engagement in the therapeutic process, which can also serve as an opportunity to model for the partners a willingness to learn and to be open to what is not yet understood, in the face of discomfort, pain, or even hopelessness. This commitment is not to a particular outcome of the therapy – which cannot be predicted – but to the dialogic interactional process. It assumes that a committed and honest dialogue increases awareness, which is essential for the healthy functioning of a relationship. The therapist’s modelling of the ability and willingness to ‘stick with it’ supports the partners’ capacity to persevere through their struggles – in the therapy room as well as with each other. This remains true even if the ultimate outcome of the therapy is an acknowledgement that their relationship has come to an end and the partners choose to separate.

4. Experiments and the experimental attitude

In Gestalt therapy, the term ‘experiment’ refers to psychotherapeutic interventions and to the experimental attitude adopted by the therapist.

Experiments in relational gestalt therapy are interventions in which the therapist and the client work together to seek the understanding and growth that emerge from dialogic contact and phenomenological exploration. We do something different, think something different, move our bodies in a different way, imagine something desired or feared and so forth, to see what we experience. (Yontef and Schulz, 2016, p. 14)

The therapist is a fellow traveller on life’s journey, not an infallible authority, and as such cannot unilaterally decide the direction that the therapy should take. We can try to understand our clients and use our experience to help with the difficult task of navigating relationship obstacles (Wheeler, 1994, p. 16). Our ways of thinking and our emotional resonances are often honed and informed by many years of interacting with clients who struggle with life, but they still remain our own specific perspectives and thus have limits. And this is also precisely the crux of the dialogic method – that only through the back-and-forth between therapist and couple can something emerge that will further the partners’ relationship goals (Lynch and Lynch, 2005, p. 206). Thus dialogue, as discussed in the previous

section, is experimental, and in turn, experiments are designed to further the therapeutic dialogue.

... the therapeutic interview is experimental from moment to moment in the sense of ‘try it out and see what happens’. The patient is taught to *experience himself*. ‘Experience’ derives from the same Latin source – *experiri*, to try – as does the word ‘experiment’, and the dictionary gives for it precisely the sense that we intend here, namely, the actual living through an event or events. (Perls, Hefferline and Goodman, 1951/1994, p. 262; original italics)

In one of their first sessions, a couple discussed the emotional distance between them and the lack of physical intimacy they were both unhappy about. After talking about their difficulty in translating their expressed desire to ‘be closer’ into action, I asked them to stand up and individually find a spot in the room that would physically show the distance they felt existed between them at that moment. They both did this and I asked them how they felt about the gap between them. Both were dissatisfied, although in different ways. When I asked them to move around and find a spot that they felt better about, they moved closer and even touched. We discussed how this felt to them, and also what they experienced as they changed the distance between them. What supported their wish to move closer to each other? How did they think the partner would react?, etc. Their verbal reports differed and were somewhat surprising to each other, but it was helpful for them to experience the physical dynamics of their distance or closeness and for each of them to hear their partner’s reactions being verbalised.

Many interactions and unspoken gestures are at times interpreted differently than they were originally intended. An increased awareness of these intentions can help to clarify the meanings of the communication. Another clinical example to highlight this point is:

The husband barely looked at his wife as she asked him to tell her whether he felt uncomfortable in certain social situations they both took part in. I pointed this out and asked him to continue to look down, but to also pay attention to what he was feeling as he did so. He disclosed that he had been afraid that his annoyance with her would show if he looked at her. Once he expressed this, he also realised that his annoyance had been sparked by a specific sensitivity, saying: ‘I don’t like to feel needy...’.

My hope is that these examples demonstrate some of the various forms that experiments can take. They can be as simple as asking a partner to repeat something they had muttered under their breath at a normal volume or as structured as the active listening exercise I discussed earlier. Each experiment needs to fit the situation and must be designed to further the therapeutic process. But even more important than the specific intervention suggested is the therapist’s

experimental attitude. This might be best described by a phrase often used in the training of new therapists, the suggestion to ‘hold your interpretations lightly!’ It refers to the idea that therapists inevitably have guesses about what is needed for the couple and what might serve them best in a particular moment in the therapeutic process or in their relationship in general. But all of these assumptions are just that, speculations that are best brought into the discussion with a light hand and with the awareness that they need to be checked with the clients – tested against their own experiences and moulded to their particular needs. Our interventions are not prescriptions that our clients are required to follow, but instead a possible means of helping us work collaboratively with them on their specific problems (Curtis, 1994, p. 193).

Conclusion

This concludes my overview of Gestalt therapy for couples and what I referred to at the beginning of this paper as an interventional map. At times, when I am conducting a demonstration in front of students or trainees, they ask: ‘I liked the way you worked with them [the people acting in the client role for the demonstration]. But what happens in your office? Don’t you work differently with real-life clients?’ My answer is that of course my approach changes in various circumstances. To make adjustments to our interactions and methods according to the needs of a specific situation – that is exactly what we hope our clients will learn from the therapeutic process. Different contexts in which Gestalt therapy principles are applied will lead to unique interactions between therapist and client. And that is precisely the strength of these principles: that they are useful in a variety of clinical situations. Couples work, for example, tends to focus less on the relationship between the therapist and client and more on the relationship between the partners themselves. But the therapeutic attitude, based on the principles discussed in this paper, remains the same.

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Notes

1. For an in-depth explication of Gestalt therapy field theory, see Schulz, 2013; Parlett, 1991, 2005; and Yontef, 1993.
2. ‘Best’ in this case refers to the idea that human beings are ‘problem solvers’ – always striving to handle life’s challenges in the best way they are equipped to at their current level of development and in the given circumstances of their particular situation (Matthews, 2002, pp. 78–80).
3. This refers to the ‘meeting’ between therapist and client in the Buberian sense, and cautions against a manipulation of the client according to the therapist’s agenda (Buber, 1999, pp. 17–21).
4. ‘Perspectivalism embraces the hermeneutical axiom that all human thought involves interpretation and that therefore our understanding of anything is always from a perspective shaped and limited by the historicity of our own organizing principles (Orange, Atwood and Stolorow, 1997), by the fabric of preconceptions that Gadamer ([1975], 1991) calls “prejudice” (Stolorow et al., 2002, p. 76). For further discussion of perspectivalism, see Schulz, 2013, pp. 40–41; Hersch, 2003, pp. 70–73; and Stolorow et al., 2002, pp. 73–76, 103–106, 113–115.
5. For in-depth writings on phenomenology, see Spinelli, 2005; Matthews, 2002; and Ihde, 1986.
6. One facet of the field perspective is the figure–ground dynamic. All possible factors that influence the couple, individually or as a whole, are ground. The thoughts and feelings in the forefront of the consciousness of either or to both partners comprise the figure, or that which is pertinent and which demands attention at the moment. The presenting problem, for instance, is usually figural for the couple as they enter treatment.
7. ‘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”.’ (Jacobs, 2017, p. 9)
8. ‘Supports are contextually emergent phenomena, meaning that whatever skills, capacities and resources exist as potentialities, they can only “e-merge”, for use in a specific place, at a specific time, in a specific context. And the context shapes both what can emerge and what is most relevant as a support.’ (Jacobs, 2006b, p. 3)
9. In order to disguise the identities of the actual individuals portrayed in these vignettes, I have changed their names, circumstances, and at times their genders.

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