Relational Gestalt Therapy:

Theoretical foundations and dialogical elements

by Friedemann Schulz

First I would like to thank the university to make this event possible and also to thank Professor Hidalgo for inviting me today.The topics I would like to speak about today, are three theoretical foundations in Gestalt Therapy: Phenomenology, Field Theory and Dialogue.

A system of psychotherapy will include:

A theory of consciousness, which for Gestalt Therapy is Phenomenology
A scientific theory; which for us is Field Theory
A theory or attitude about the therapeutic relationship, and in Gestalt Therapy that is the Dialogic Method

It might be interesting to note that these theories were developed independent of each other, although roughly within the same time frame. I will only be able to scratch the surface of these theories, but I want to introduce them briefly, with the idea of building a case for a relational and dialogic perspective of the therapeutic process.

Phenomenology

Let me begin with Phenomenology. The word derives from the term "Phenomena", which means "appearance". In other words, Phenomenology is the study of how the world appears to us, or the study of how we experience the world.

A German named Husserl developed phenomenology at the beginning of the last century, and he first articulated what is known as the phenomenological method. Originally he hoped to find a way to get a clearer view of reality, but ultimately he studied the role that consciousness plays in the process of meaning construction.

Important aspects of Phenomenology had precursors in the theories of scholars such as Brentano, who was Husserl's teacher, and philosophers like Kant. Kant for example, had already much earlier articulated the idea that: "We cannot know the thing (reality) in itself, we can only know it as it appears to us, the phenomenon." He theorized that reality is unknown to us, and will remain so, because we are limited by our human faculties and by our subjective perception. For instance, a whale or a spider will have vastly different perspectives of what it is like to live on our planet, because their experience is shaped

by their particular adaptations to the environment. Humans also have a particular, unique way of experiencing, but this is by no means the only or correct way to perceive the world.

In fact, one of the main functions of the human brain is to filter and select the incoming data, and in so doing we are limited by this filtering process in how we perceive. So, we interpret the world through our perception and the world exists for us through the meaning that we give our perception.

Field Theory

Field Theory derived from the field of physics and began with the work of Albert Einstein and his revolutionary theories.

The term "field" was borrowed from the studies about electro magnetism and used as a metaphor to describe a web or field of mutually influencing forces. Its most basic premise is, that everything is of a field, and that everything within the field affects everything else. All objects, events, dynamics are interrelated and connected in a web of relationships.

The phrase: "everything is of a 'field'", refers to an understanding that nothing can be outside the field. There is no "in the field", or "out of the field". Everything is part of and connected to a larger field. As a way to bring this abstract concept into the world of human beings and psychotherapy, we could say that Field Theory is a way of understanding how one's context influences how one experiences self and other. A person cannot be understood without understanding the Field or the context in which they live. For example, a family is affected by what happens to any person in that family, and any individual member of the family is affected by what happens to the family as a whole.

As I said, the Field encompasses everything, but differentiates itself into events, objects, organisms, and people, etc. For the human realm we refer to this organization as the organism/environment field. As an organism, we move within the environment. As a person we experience the field as self and other. I will discuss the Gestalt Therapy concept of self a little bit more later on. But before I will do that, I would like to touch on five important principles of Field Theory that are relevant for our psychotherapeutic work:

1. The principle of changing process.

This principle refers to the fact that everything in the field is a process - everything is becoming and changing. From the human perspective, some processes become relatively stable patterns such as the natural environments, people, cultures, ideas, etc. These might change at a slower speed than other processes,but even slow changing processes are not unchanging "things". If we look closely enough, say at a quantum level, we

can see that underlying all things are ever-changing dynamics. From that perspective everything can be looked at as an event, rather than a fixed thing. For therapists this serves as a reminder when we are dealing with seemingly intractable psychological patterns and processes in our patients, and in ourselves for that matter.

2. The principle of singularity.

This principle follows the last one. It refers to the fact that each situation emerges in a unique fashion. Each moment is a new co-creation of the interaction between the organism and its environment. Even though a situation is experienced as a repeat or as a continuation of a long-standing pattern, we are dealing with a new moment that has new possibilities. The proverb, "You cannot step into the same river twice", says it perfectly.

3. The principle of possible relevance.

For psychotherapists this means that each aspect of a situation might be relevant.Often we form a hypothesis quickly, which leads us to see the patient and his or her struggles in a particular light, which then leads us to emphasis some aspects of the situation over others. The principle of "possible relevance" reminds us stay cautious about this kind of premature "figure formation" and to be aware of how we select what we perceive and what we leave out.

4. The principle of contemporaneity.

This refers to the "here and now" concept in Gestalt Therapy. We can only experience the present. In field theoretical terms: there is "no action at a distance". In other words, events from the past are no longer touching us now, and the future is not yet. An event in the person's history or future is not a part of the current field, and cannot influence the person's current experience.

The past cannot influence us directly, but past events are important in 2 ways:

> #1 how a person holds the memory of a past event shapes current experience (the memory is a current event) and
> #2 the past event has influenced how the person organized his or her perception, and this way of organizing the field might still be operating in the present.

For example, let's take a situation in which my Mother didn't attend to me when I needed her. The thoughts, feelings and sensations that go along with that memory are current events and will influence how I perceive the present moment. Secondly, I might have organized my perception of the situation with my Mother as: "I can easily get hurt

when I need somebody. I have to be careful." This kind of meaning construction might have endured and then influences how I organize current relational events.

5. Perspectival view on reality.

This means that no person can see it all. Every perspective depends on one's vantage point, on one's position in the field and on the timing of when we perceive the event. As you will know, Einstein's thought experiments made us see how even our perspective on time is relative and depends on the position of the observer. In Field Theory, as with Phenomenology, we are forced to conclude that there is no objective viewpoint, or in other words, our experience of reality is dependent on our perspective.

So, the examples I presented from Phenomenology and Field Theory are challenging the more traditional, Newtonian views about our world, in particular the belief that there is a correct, objective sense of reality that we can depend on. We as therapists are then in a terrible dilemma: The situation that we are ending up with, is that there is a common ground, a fundamental connection, but there is also no objective perspective. So, where does this leave us with regards to our therapeutic task? For Gestalt Therapy this leads us to the Dialogical Method.

Gestalt Therapy started out as a revision of classical Psychoanalysis. Fritz Perls, the well-known founder of Gestalt Therapy, and his group were themselves trained as psychoanalysts and of course very much influenced by the psychoanalytic thinkers of the day. But they also were living through the very turbulent economic and political times of the 1920's and 30's, and were exposed to emerging movements such as Gestalt psychology and the existential and phenomenological philosophers. One of these was Martin Buber, who influenced Gestalt Therapy theory enormously. He is the most influential writer in regards to Gestalt Therapy's drift towards the dialogic method.

One of Buber's famous phrases is: "All real living is meeting". This refers to a particular kind of person-to-person meeting that finds it's highest expression in what he called the I-Thou meeting. Buber distinguished between two modes of relating, which he termed the I-Thou and I-It. Often these concepts are seen as fixed relational positions, but the I-Thou and I-It are better seen as being extreme points on a relational spectrum. All of our contact with our human environment is located somewhere in between the I-Thou and the I-It positions. The I-Thou refers to a way of seeing and meeting the other as a person, or as Buber said, as an "end in itself". It includes a mutual reaching towards and confirming of each other. It is a horizontal relating in which the other is seen and accepted as he or she

is. Often a loving friendship or a caring parent-child relationship naturally displays qualities of an I-Thou meeting.

The I-It refers to a way of relating to the other person as an object. Here we are seeing the other as a “means to an end”. The person serves a function in our lives, and it is essentially a hierarchical way of relating. Interacting with a cashier while buying food at a grocery store might have that quality.

But as I mentioned before, any of these meetings are not pure. The parent-child relationship has its I-It qualities, as my saying ‘hello’ and ‘good by’ to the cashier has a quality that goes beyond seeing each other as a means to an end. In our meetings with others we always slide along the spectrum of I-It and I-Thou.

In fact, Buber insisted that both modes of relating are necessary for living. This swinging between the I-Thou and I-It poles are of course also present in the psychotherapeutic meeting. Meeting the patient where he or she is, is a meeting in the I-Thou direction. On the other hand, trying to move beyond the patient’s experience moves me more towards the I-It mode. An example of that would be, if I am trying to move the patient according to my agenda, he or she becomes a more of a means to an end. The end in this case is my conception of what is “good for the patient”.

Underlying Buber’s concept of healing through meeting is the belief that the therapeutic relationship is a holographic picture of relational dynamics in the rest of the patient’s life, and that relational changes in a therapeutic relationship will affect the patient’s other relational events.

Buber’s focus on the relational aspect of human existence lead him to wrestle with the concept of self and self-experience. He went so far as to say: “There is no self without the other.” He conceptualized self as a relational phenomenon. Self arises out of the contact or meeting with otherness (otherness in this case is not only the human environment.) Only in constructing a limit to myself can there exist a perception of otherness. If everything would be experienced as self, there would be no experience of otherness, and paradoxically also no experience of self, because awareness of self only develops in its relation to something that is not-self!

To take this idea a little further, we can see that our sense of what we call “I” is defined through the interaction with what we experience as “not-I”. Thus our perception of ourselves is always linked to our relationship to what we perceive as not-self. If we follow this train of thought, we can clearly see that self is a relational experience.This leads us to Buber’s concept of “Healing through meeting”. Since self is an experience

that is relational in nature, health and the absence of health has to do with the way we meet otherness. Buber felt, that healing could only happen through a person-to-person meeting with others and the exploration of that meeting. The relevance of that idea for psychotherapy is self-evident.
The elements that set the ground for a person-to-person meeting are defined in his dialogic method. It has three elements that I would like to elaborate on in the last part of this lecture.

Dialogical Method: Presence, Inclusion and Commitment to Dialogue.

Presence

Presence means that the therapist is actively present as a person. The therapist shows his or her true self, which Buber calls "Genuine and unreserved communication". This, of course, has been a huge departure from psychoanalysis where the analyst had interpretation as his or her only tool. What is demanded from the therapist in being present is akin to Carl Rogers' concept of authenticity and being congruent. A therapist who allows herself to be who she is, will be able to express self-doubts, limitations, feelings, or share observations. Presence is based on the idea that true meeting is a willingness for honest involvement, which allows the patient to be who he or she is and the therapist who he or she is.

But the therapist's use of presence needs to be in the service of the therapy. Therapeutic disclosure is a good example. There are two types of disclosure: One is the disclosure of how the therapist is affected by what happens in therapy. The other is a disclosure about information regarding the therapist's life outside of the treatment session. I personally use mostly the former kind, for example how the patient affects me. But no matter what kind of disclosure we use, the intervention needs to be filtered through a consideration of what is in service of the therapy. Presence isn't a blank check for the therapist to express him or herself indiscriminately.

The next element in dialogue is called inclusion.

Inclusion

As presence can be seen as an acknowledgement that the therapist affects the patient, inclusion is an acknowledgement that the patient affects the therapist. Inclusion is the practice of trying to see the patient's world through the patient's eyes. Buber said it this way: "The therapist must feel the other side, the patient's side of the relationship as a bodily touch, to know how the patient feels it". Inclusion is a willingness to be touched and moved by the patient. It is a feeling into the other person while also maintaining a sense of self.

There are two aspects of inclusion that I would like to draw your attention to: Inclusion is a form of relating. The subtext of practicing inclusion is: "I accept you and meet you as you are." This form of relating is often experienced by the patient as, what Buber calls confirmation. Confirmation is an acceptance of what the patient is aware of, and of aspects that the patient might not be aware of, for example his potential for change.
The ability to see the patient in a different way than the patient experiences himself, necessitates the therapist's autonomy and presence. Buber called the experience of confirmation as "the heavenly bread" that can only be given by an other. Lynne Jacobs, a distinguished writer about Gestalt Therapy, points out that inclusion and confirmation serves often as an antidote to shame for the patient. She described the experience of confirmation as a "healing touch". Inclusion is also a way of gathering information. As I get close to experiencing what it is like to be you, I also learn a lot about how you think, feel and relate. This information will be very useful in exploring the struggles the patient faces. Inclusion is a non-judgmental understanding of a person and an appreciation of the validity of another view of reality. In summary: Inclusion means to enter empathically into the patient's world. Presence means to express oneself as it is relevant to the therapeutic task.

Commitment to Dialogue

Buber called the 3rd element in Dialogue the "Commitment to Dialogue". Gestalt Therapy is an experience-near form of therapy, and Dialogue is a form of relating that is based on what the therapist experiences and what the patient experiences. The commitment to dialogue that Buber talks about is a commitment to the process of dialogue, rather than a commitment to a particular goal or outcome. We approach the meeting with the attitude that there is worth and truth in the other's perspective and in his or her way of being. It is also an acknowledgement that essentially I cannot know what is best for you, I can only engage with you in a dialogue about it. This attitude is not a blind following of where the patient wants to go, nor is it an imposing of the therapist's agenda, but it requires a letting go of control of where the dialogue will lead us. In a genuine dialogue both sides have valuable and needed perspectives to contribute. In the dialogic attitude the therapist makes himself available to an I-Thou relating, which does not mean that we are always "nice" to each other. Gary Yontef, whose book and many articles on Gestalt Therapy have been published internationally, said: "In dialogic therapy, the therapist shows his caring more through his honesty, rather than through continual softness."

In closing I would like to underline a few interesting aspects of the dialogic concept.

The meeting/the dialogue, not the therapist is the healing element.The direction of the dialogue is controlled by what emerges between patient and therapist. Neither one controls the outcome but both need to surrender to what emerges. Buber calls this “the between”, referring to the quality of dialogue that is larger than the sum of two people talking. The dialogic process is valued more than a particular outcome and giving up control means that each is affected by the difference of the other. The therapist is changed as well as the patient. As I am sure you will have felt at some point in treating your patients, sometimes it feels like we should be the one paying the fee! But even though moments of mutuality occur, the nature of the therapeutic relationship is limited. Overall, the relationship is not mutual because of the therapeutic task. We cannot demand a dialogic attitude from the patient. The I-Thou relating is a potential and we as therapists can be available for dialogue, but trying to manipulate the patient towards dialogic relating is moving towards an I-It mode, it is seeing the patient as a means to an end. Techniques are important in psychotherapy but they are best to emerge organically out of the dialogue with the patient.

During the 1960’s and 70’s Gestalt Therapy became very well known, especially through Perls’ demonstration work. He apparently was very charismatic and a genius in devising novel and often dramatic therapeutic techniques. But for many, Gestalt Therapy became identified with only his approach or with a specific kind of technique. I hope you will have seen from this lecture, that the use of a technique as a fixed program is antithetical to the dialogic theory in Gestalt Therapy.

Again, the commitment is to the Dialogue, and not to a particular outcome.

This concludes my talk to you today. I would like to thank you very much for giving me your time and your attention. Please let me know if you have any comments or questions.

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