

# **It's Not Easy to Be a Field Theorist: Commentary on "Cartesian and Post-Cartesian Trends in Relational Psychoanalysis"<sup>1</sup>**

**By Lynne Jacobs, Ph. D.**

There have been two great sea changes in my development as a therapist and a theorist. The first was my exposure to gestalt therapy; the second was my exposure to intersubjectivity theory and to two of the authors of this article, Stolorow and Orange. Probably no psychoanalytic theorist has influenced me more profoundly than has Robert Stolorow. He has influenced not only my own theory development, but my clinical practice as well, through direct supervision. And Donna Orange has helped me learn how to think more clearly and more rigorously, as well as being a friend (I have no personal acquaintance with George, other than having been quickly introduced to him by Bob once, on escalators going in opposite directions. A very quick introduction indeed!). What a joy to have been asked to write a commentary on an article written by theorists who have influenced me profoundly.

Their article is written as part of an on-going "conversation" between two closely allied schools of thought in contemporary psychoanalysis, intersubjectivity theory and the American relational school (most prominently represented by Stephen Mitchell and Lew Aron). Many of the issues raised in this article touch on themes that are important in gestalt theory as well, so my commentary is an attempt to join in the conversational thread. As one who has long been interested in integrating insights and clinical wisdom between gestalt therapy and contemporary psychoanalysis, I am delighted at the extent to which the two approaches have become compatible. While I identify both as an intersubjective psychoanalyst and as a gestalt therapist, I am writing primarily from the vantage point of gestalt therapy.

Gestalt therapy developed in part as a reaction against the perceived limitations of classical psychoanalysis. It objected to the reductionism and determinism of classic psychoanalysis, and the psychoanalytic tendency to minimize patients' own perspectives on their life struggles, as well as the psychological effects of their life experience. Gestalt therapy theory placed an emphasis on the whole person (and sense of self), rather than on mechanisms such as Id, Ego and Superego; on experience, the process of experiencing and affect; on an appreciation of the impact of life events (e.g. childhood sexual abuse) on personality development; on a belief that people are motivated toward growth and development rather than regression; on a belief that infants are born with a basic motivation towards, and capacity for, personal interaction and attachment; on a belief that there is no organism without environment, no "self" without an "other;" and on a belief that the structure and contents of the mind are shaped by interactions with others, rather than by instinctual urges. For the gestalt therapist, it is meaningless to speak of a person in isolation from the person-in-relation.

Although there have always been alternative voices within psychoanalysis, over the past two decades, a new perspective has cohered. A loose confederation of theoretical schools has developed new ideas to the point where a distinct picture of a "relationally-oriented," as opposed to classical psychoanalytic approach now exists. Contemporary analysts from such realms as object-relations, self-psychology, intersubjectivity theory, the interpersonalists and the American relational school are advocating many of the tenets I listed above in their own languages. For example, Kohut's self psychology places "self" and "self-experience" at the center of psychoanalytic inquiry, and through his concept of selfobject transferences has affirmed the inseparability of self and other for one's development and functioning.

For another example, American relational analyst Stephen Mitchell writes:

...the past several decades have witnessed a revolution in the history of psychoanalytic ideas. Recent psychoanalytic contributions have been informed by a different vision: we have been living in an essentially post-Freudian era...

We are portrayed not as a conglomeration of physically based urges, but as being shaped by and inevitably embedded within a matrix of relationships with other people....Mind is composed of relational configurations. The person is comprehensible only within this tapestry of relationships, past and present. (1988, p.3)

The schools represented in the article—intersubjectivity theory and American relational psychoanalysis—seem to me to have a closer affinity to gestalt therapy than they have to early, “classical” psychoanalysis. The intersubjectivity theorists have even been campaigning to develop a phenomenological psychoanalysis, one that they in fact describe as “a phenomenological field theory or dynamic systems theory” (pg 6)! That is a campaign that might warm the heart of Perls, Hefferline and Goodman, who championed phenomenological field theory in their 1951 opus, *Gestalt Therapy*. Notice how closely the following paragraph aligns with statements in PHG:

“It is our view that the persisting dichotomies between the intrapsychic and the interpersonal, between one- and two-person psychologies, are obsolete, reified, absolutized relics of the Cartesian bifurcation. The very phrase two-person psychology continues to embody an atomistic, isolated-mind philosophy in that two separated mental entities, two thinking things, are seen to bump into each other. We should speak instead of a contextual psychology in which experiential worlds and intersubjective fields are seen to mutually constitute one another. Unlike Cartesian isolated minds, experiential worlds—as they form and evolve within a nexus of living, relational systems—are recognized as being exquisitely context-sensitive and context-dependent. In this conception, the Cartesian subject-object split is mended, and inner and outer are seen to interweave seamlessly. We inhabit our experiential worlds even as they inhabit us. *Mind is pictured here as an emergent property of the person-environment system, not as a Cartesian entity localized inside the cranium.*” (p. 9) (emphasis mine)

A phenomenological field theory is easier said than done, however, and gestalt theorists continue to this day to try to work out the implications of such a concept, both in theory and in practice (see, for example, among articles in English, Spagnuolo-Lobb 2001, Parlett, 1991, 1997, Roberts, 1999, Robine 1997, 2001, Wheeler, 2000, Yontef, 1993). As with all creative theory, the original PHG writings were “ahead of themselves,” and we struggle mightily to understand still such simple questions as, what do we mean by ‘field,’ anyway? This question was taken up—and no consensus achieved—at the first Gtin conference, in 2001, titled “Contact and Relationship in a Field Perspective.” (Robine, 2001) As Robine has described the problem of developing gestalt theory:

My assumption is that Gestalt Therapy, the book, sometimes implicitly, sometimes explicitly, leans on “old” paradigms (which are called “moderns”) while crystallizing new ones, opens new paths (called “post-moderns”) without leaving some old ones, sits on the fence and,...either we get stuck in a fixed gestalt of where we can meet in Gestalt Therapy, or we can go on...supported by our contemporary thinkers, clinicians, epistemologists or philosophers. (1997, p. 10).

Although I do not necessarily subscribe to the categories of “modern” and “post-modern” as the crucial distinctions (I prefer, as the intersubjective authors do, “Cartesian” and “post-Cartesian”), certainly something that the American relational school, the intersubjective school, and gestalt therapy all have in common, is an increased interest in articulating a contextualized view of human development and the psychotherapeutic process, including more specifically, a relational view of development and the therapeutic process. One way we attempt to do this is by exploring the implications of phenomenological field theory. Another means for furthering this project is to deconstruct as fully as possible the philosophical and epistemological underpinnings of our theory and practice in order to recognize whatever Cartesian perspectives might be inhibiting our movement in a more fully phenomenological, field direction. After all, phenomenology arose as a reaction against the limitations of such Cartesian epistemologies as objectivism and atomistic empiricism.

Stolorow, Orange and Atwood take that path in their article:

“The fundamental assumptions of traditional psychoanalysis have been pervaded by the Cartesian doctrine of the isolated mind. This doctrine bifurcates the subjective world into outer and inner regions, reifies the resulting separation between the two, and pictures the mind as an objective entity that takes its place among other objects, a “thinking thing” that has an inside with contents and looks out on an external world from which it is radically estranged. Cartesian philosophy, with its “myth of the isolated mind” (Stolorow & Atwood, 1992, p.7), has in Western culture been transformed by history into common sense, and it has until recently maintained a stranglehold on psychoanalytic thought (Sucharov, 1999 ).”

In the course of their “conversation” with the American relational school, they raise some issues about remnants of Cartesian epistemology in psychoanalytic theory that are worth our attention as well.

## **The Here and Now**

The intersubjective authors have weighed in on the elusive concept of what they refer to as “present-moment thinking,” what we refer to as a focus on the here-and-now. They caution against a tendency of some American relational analysts to isolate the present moment from its developmental context. They argue that a “freeze-frame” or snapshot moment, often valorized by relational analysts, is an arbitrary distinction and a remnant of Cartesian atomism and atemporality (p. 4). They assert, rather, that:

“... historical-developmental and cross-sectional contexts or dimensions cannot be neatly separated and that serious attention must be accorded to their interpenetration. Ontologically, we regard the past and the future as inevitably implicated in all present moments ( Bergson, 1910/1960 ). Epistemologically, we find it impossible to know an isolated moment. Clinically, we find ourselves, our patients, and our psychoanalytic work always embedded in constitutive process. Process means temporality and history. To work contextually is to work developmentally. To work developmentally is to maintain a continuing sensibility to past, present, and future experience. Developmental thinking refuses the snapshot view--what Derrida (1978) and Culler (1982) called the “metaphysics of presence,” or restriction to decontextualized moments or interactions--and affirms the emotional life of persons who have come from somewhere and are going somewhere.”

## The Value of Here and Now

Gestalt therapists also tend to valorize the present moment, but I believe that we often do so in a way that does not at all remove the moment from the on-goingness of moment-to-moment experiencing, nor do I think we ignore the fact that any particular moment is embedded in a context with a past, leaning into a future. Generally, I think that most of us are aware that when we ask a patient to focus on a particular moment, as in, “what are you aware of now,” we are actually engaging the patient in a look at experiences that are always at least one step behind the moment we are in-and-going-forward-from. As Michael Miller has so eloquently described:

“... how much complexity goes into the notion of the present moment. It is interesting to think about this, because gestalt therapy bases its work on the present moment. Yet there are complicated questions about whether the present exists other than as a linguistic construction. William James, an American philosopher who influenced Paul Goodman wrote, ‘The literally present moment is a purely verbal supposition, not a position. The only present even realized concretely being the passing moment in which the dying rearward of time and its dawning future forever mix their lights.’” (p.112)

I value that gestalt therapists have a great clinical appreciation for, and inclination to work with, how the present moment embodies the past and future. I think the intersubjectivists may possibly benefit from our interest in working with present-moments in a way that does not de-contextualize present-centered experiencing. A present-centered focus tends to be enlivening, and often allows patients and therapists to obtain a vivid grasp of the relationship of one’s context—including one’s developmental history—to one’s current experience. After all, field theory holds that all factors capable of influencing experiencing are present in the field. There is no influence at a distance. Yontef, 1993).

For instance, a field theory epistemology holds that the way one’s history affects one’s present is contingent—among other things—with how one relates to one’s past. A past does not determine a specific future, but shapes a range of possible sensitivities, interests and proclivities for experience and action (the intersubjectivists might describe this as a particular organization of experiencing). So a present-centered exploration may involve exploring together the “how;” of how the current relationship between the therapist and patient influences how the patient’s past (and the therapist’s past) is lived with now in this particular smaller context. The here-now moment is considered as a figure that is emergent against a ground, and one is not meaningful without the other. As Polster asserts, “gestalt therapists ... were often misunderstood to disregard experiences of the past and future. However, gestalt therapy holds that every event exists in the ground within which it happens. Both outcomes and precedents are indispensably included! (1998, p. 258)”

Also, while the range, intensity and patterns of one’s emotional life are shaped in an on-going relational developmental history, field theory epistemology holds that affectivity is always present-centered, in the sense that one experiences emotions in a present context. There are several clinical advantages to attending to emotional experience as a present-centered phenomenon, I point to two in particular. Both of the examples use a present-centered focus to explore how one’s experiential world is both “given and made,” as Orange (1995) has described in earlier writings, or “made and found,” as Roberts (1999) points out was Goodman’s position. This exploration, a combination of respectful attention to the present-centeredness of emotional process as the figure, while tracing the “givenness” of the ground, facilitates the development of a sense of agency while at the same time it helps to reduce whatever shame the patients may carry about their embeddedness in their history.

One, that I alluded to above, is that if patients can experience their emotional process vividly, they can more directly explore the world of meanings that shape the immediate experience, they can explore how these meanings shape their experiencing, and the exploration has a greater chance of being mutative because of the heightened emotional intensity. As with most therapeutic conversations, the explorations have meanings on at least two dimensions: there is the exploration of meanings and process, but also a more relational-process dimension, as a living-through of a different kind of relationship. In this different relationship, patients engage with someone—the therapist—who does not shy away from the emotional life of either party to the dialogue. This engagement provides a support for patients to contact the widest possible range of emotional experience and meaningfulness, thereby enacting our paradoxical theory of change by living fully.

Another advantage is the chance to explore with immediacy the impact of the therapist upon the patient. Therapists who are alert to moment-to-moment emotional experiencing are more likely, I believe, to be able to “catch” their influence on their patients. Again, these influences can then become explored along at least two dimensions. Along one pathway, it can open the door to the patients’ worlds of meanings, especially as regards their relational world. Along the other, more process-oriented pathway, patients have a chance to “live-through” with the therapist, an emotionally-based engagement in which their experiences are taken seriously, in the most minute detail, and are seen to influence the therapist’s world of meanings as well.

In sum, I think gestalt therapists often have a very fluid appreciation of the present moment as an arbitrary slice, a momentary figure we wish to use as a point of leverage, but one that cannot be fruitfully used if removed from the ground from which it emerged, and the forward-in-time thrust it embodies.

## **The Problem with Here and Now: Interruptions to Contact**

On the other hand, all that said, I do appreciate the reminder from the intersubjectivists about the dangers of becoming “figure-bound,” or seduced by a vivid figure in such a way that one might forget that that very figure is emergent from a context, and only is possible as a momentary configuration of a wider field. One aspect of gestalt theory that I believe is prone to such forgetfulness is our theory of “interruptions to contact,” and of contact episodes. Both have a tendency to be described and conceived in objectivist and atomistic terms. I think we need to take great care to contextualize our observations about such processes when we are using that perspective in our work. We need to remember that we may be witnessing an “interruption” in a particular meaningful context, but we also need to remember that such an observation is an interpretation of a sequence, and is being made from a relatively more scientific, objectivist perspective rather than a dialogical perspective.

Usually gestalt therapists tell me they are merely noticing the contacting process when they look at the so-called “interruptions to contact,” and are therefore engaged in a phenomenological exploration. I disagree. One must step outside the conversational sphere to “assess” that the other is introjecting or projecting, and the assessment is more atomistic than say, noticing your own discomfort about not having a sense of the patients’ own words for their experience. I am not inveighing against the use of the observational perspective regarding interruptions to contact (except for the concept of projection—see below). I understand that some patients can gain a tool for observing themselves in interaction. I am, however, asking for further thoughtfulness about it and its place in our phenomenological field theory.

Let me use as an example, quotes from Isadore From's teachings presented in an article by Muller:<sup>2</sup>

"What you have to keep in mind is that projection, introjection, etc., are not forms of behavior. They are specific ways in which a person experiences himself in his environment.

You might experience that something is inside which belongs outside. This is introjection. Or, you might experience something which is outside and it belongs to your organism. This is projection."  
(1995, p. 123)

Inevitably, given his time (and still ours) he was occasionally tangled up in some epistemological inconsistencies that affected the further development of his thinking and ours. First we see here the reification of "inside" and "outside." This reification is a fundamental Cartesian bifurcation that both field theory and phenomenology meant to deconstruct. Once you accept that there is such a "thing" as an inside, and such a "thing" as an outside, then of course, it is a small step to the notion of projection, the transposition of inside and outside. Second, From refers to experiences that "belong outside." By whose assessment? Who is deciding what belongs where in the organization of someone's experience?

I believe that the epistemology of a phenomenological field theory is inconsistent with the act of assessing that someone is projecting. That assessment makes a judgment about the match between the patient's apprehension of reality and the therapist's (or someone else's), with the judgment that a projection is not as near to reality as a non-projection is. Such a stance towards reality is an example of the "correspondence theory of truth." The correspondence theory of truth is a logical correlate of objectivism. In objectivism, real truth exists and can be found by removing subjectivity--subjectivity necessarily "distorts"--so as to apprehend more clearly the "objective" truth (Hersch, p. 173).<sup>3</sup> Therefore, what it seems we have here is a judgment that the patient's reality is not as near to truth as the therapist's reality (the therapist is assumed, of course, to not be projecting, or at least not projecting unawares).

Field theory assumes that there are multiple perspectives of reality, and that one cannot be closer or further from the objective truth. "Closer" and "further" are Cartesian remnants. From a phenomenological field theory perspective, the most that one might say is that there may be a disagreement between how the therapist and patient each organize "what belongs where," but more likely, in such a perspective one is simply more likely to follow From's oft stated direction; focus the patients on what they are experiencing. (Muller, p. 123). I would add, facilitate the creation of field conditions that enhance the safety to risk exploration. The rest will evolve from the ever-expanding awareness that evolves from attending to experience moment-to-moment.

To elaborate on this, I shall take another statement from Miller's lecture in the GTin series. He states, "It's not that projections are automatically false, it's that the paranoid feels and lives as though they are always true. He not only makes something of his perceptions, he makes too much of them." (p. 117). This sentence is interesting for me in how it demonstrates both embeddedness in Cartesian thinking, and also a pathway beyond it. Miller's first point, that projections are not automatically false, would not need to be said unless we have a tendency to think of them as false. That tendency is one of my strongest objections to the retention of that most Cartesian conception that experiences reside within the person, and then are transposed onto the environment. And again, it reflects an adherence to the correspondence theory of truth, as opposed to the more field-theoretical perspectival notion of multiple truths. These notions are so non-field oriented, I am surprised at the hold projection has on the imagination of gestalt therapists, including our founders.

Alternatively, the second idea in Miller's statement is very much in keeping with a field epistemology. It is the notion that one's experiential world may be so narrow as to allow only one possible explanation for a given phenomenon. One might say that the patient suffers from inhabiting a very narrow perspective, so narrow that the chance for new opportunities for creative adjustment in new contact have all but disappeared. That diminution of imaginative capacities is endemic in fields crowded with fixed, highly emotionally charged gestalts, and is also ubiquitous but varies in extent and intensity across people and contexts. Our task as therapists becomes one of establishing a climate for the expansion of the realm of possible emotionally meaningful experiences and explanations, rather than to show the patient that his or her first theory about reality is wrong.

## **Unidirectional Assessment**

Perhaps a more difficult problem with making observational assessments is the risk of making unidirectional assessments. Although I find the interruptions to contact to be problematic on this score, I find the vogue among gestalt therapists for the notion of projective identification to be especially troublesome. (However, for a brilliant argument in favor of the use of projective identification, see Staemmler, 1993).

Stolorow, Orange and Atwood make a well-reasoned case that projective identification carries all the baggage of Cartesian thinking, especially in that projective identification seems to point to the patient as generator (not merely influencer, but generator) of the therapist's state of mind, whereas the therapist is not seen as doing the same thing to the patient. The notion of reciprocal, mutual emotional influence, so intrinsic to field theory and dialogue, is lost. So-called projective identification is never described as an attempt on the patient's part to self-regulate in the face of the therapist's projective identification!

## **The Complexity Of Contacting: Mutual Recognition**

These authors, by describing their writing and the writings of various theorists allied with the relational school, have emphasized how subtle and complex any therapeutic relationship tends to be. In so doing, they underscore for me that our ideas about contacting as a process lack sophistication. In our emphasis on lifting out process, we sometimes simplify to the point of ignoring "meaningfulness," and we lose sight of the relational context that shapes—and is shaped by—the contact. We often work with a patient as if a kind of purified, context-free contacting process is attainable and desirable, and the patient is avoiding something if their contacting process does not have all the aesthetic properties signifying full contact (this is the "freeze-frame" that the authors object to). When we think in this way, we have lost sight of how the current contacting processes, being lived-through together, are creative adjustments by both parties, and they are the most elegant solution possible in this situation at this particular time, given the supports of the field (obviously, these supports include the relational history, emotional skills and fixed gestalts of both therapist and patient). In other words, we run the same risk mentioned earlier, of decontextualizing the moment and in fact not even noticing the relationship between therapist and patient that influences the shape of contact that is possible.

I have an argument with Stolorow, Orange and Atwood regarding their view on the place of mutual recognition in the therapy process. They assert that relational psychoanalytic theories of mutual recognition seem to require that patients recognize the subjectivity of the analyst as necessary for their development, and that becomes a form of moralizing toward the patient. They describe:

“The Hegelian mutual-recognition model . . . has led to a clinical emphasis on bringing the patient to a recognition of the subjectivity of the analyst, as if this goal defined the psychoanalytic process and could serve as a criterion of its success. Benjamin (1995), for example, contended that “a theory in which the individual subject no longer reigns absolute must confront the difficulty each subject has in recognizing the other as an equivalent center of experience” (p. 28). Her mutual-recognition theory “postulates that the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence” (p. 30). To our ears, Benjamin’s subjects, whether “the self” or “the other,” sound very much like monadic Cartesian mind entities, with the exception that their objectification and separateness are not pregiven but achieved through an interactional process of mutual recognition.” (p.5)

I think their argument is with some relational therapists’ tendencies toward confronting a patient, or aiming at a particular outcome for a patient, in the name of a different kind of “intersubjectivity” than that proposed by Stolorow, Orange and Atwood. Gestalt therapists, who work from the paradoxical theory of change (change occurs not by aiming at change but by identifying with one’s on-going experience) would have to agree with the authors. And yet, intersubjectivists and gestalt therapists (with our I-Thou attitude) both tend to dedicate ourselves to a sustained and respectful endeavor to helping the patient experience his or her subjectivity, and we both believe that the attainment of subjectivity is only available in a relational context where interaffective sharing and meeting take place. Given our shared commitment to creating relational conditions that are conducive to the elaboration of our patients’ experiential worlds, one realm of experience that would serve our patients well is if they could establish a confident capacity that they can “find” an “other,” and therefore themselves, through meeting the otherness of others. So while we may not want to force such an effort on our patients—I believe an interest in otherness emerges as a natural outgrowth of being well met by an other anyway—we may well wish such an experience for our patients, and it does behoove us to be available for such meetings. I suspect intersubjective analysts might be disappointed if their patients ended an analysis without any interest in the otherness of others, because that would betoken a severely restricted future for the experiential world of their patient.

## **Conclusion**

In fact, regarding “otherness,” I find that contact with the thinking of others—non-gestalt therapists—provides exciting and stimulating engagement with novelty. It calls on me to understand myself and my theorizing more deeply as I try to understand the other theories. I do not go away unchanged (obviously, as I became so engaged with the analysts I became one!). In fact, I come back to the world of gestalt theory with renewed enthusiasm for our theory development. I wish the same for you, my colleagues as you engage with this article, my response, and perhaps some of our own Cartesian embeddedness.



## Notes

1. Authors Robert Stolorow, Ph.D., Donna Orange, Ph.D., and George Atwood, Ph.D.
2. We owe Muller thanks for giving us this record of From. I find myself hungry for more.
3. For an excellent introduction to the study of philosophical propositions, coherence and inconsistencies regarding theory development, see Hersch, 2001.

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