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Relational Aspects of Intersubjectivity Therapy and Gestalt Therapy: A Theoretical Integration

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Abstract

This dissertation proposes to investigate and integrate relational aspects of intersubjectivity theory and practice and Gestalt theory and practice. The intent of this synthesis and extension of the existing literature is to improve therapeutic technique and provide more effective psychotherapy to clients through a partial theoretical integration of these complementary theories. Starting with an overview of intersubjectivity theory and practice and of Gestalt theory and practice, this dissertation will then examine the relational aspects of both theories, followed by a synthesis of the relational aspects of both theories.

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RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND GESTALT
THERAPY: A THEORETICAL INTEGRATION

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
FOREST GROVE, OREGON

BY
JANE S. LARSON
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE

OF
DOCTOR OF PSYCHOLOGY

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TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGMENTS.....	iv
INTRODUCTION.....	1
OVERVIEW OF INTERSUBJECTIVITY THEORY AND PRACTICE	9
OVERVIEW OF GESTALT THEORY AND PRACTICE.....	17
RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND GESTALT THERAPY.....	28
SYNTHESIS AND EXTENSION OF THE RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND GESTALT THERAPY.....	37
SUMMARY AND CONCLUSION.....	49
REFERENCES.....	51

ABSTRACT

This dissertation proposes to investigate and integrate relational aspects of intersubjectivity theory and practice and Gestalt theory and practice. The intent of this synthesis and extension of the existing literature is to improve therapeutic technique and provide more effective psychotherapy to clients through a partial theoretical integration of these complementary theories. Starting with an overview of intersubjectivity theory and practice and of Gestalt theory and practice, this dissertation will then examine the relational aspects of both theories, followed by a synthesis of the relational aspects of both theories.

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RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND
GESALT THERAPY:
A THEORETICAL INTEGRATION

INTRODUCTION

The concept of psychotherapy integration has been alive in the field of psychology for many years, starting with attempts to “convert Freudian psychoanalytic concepts into the terms of learning theories” (Stricker & Gold, 1996). These ideas evolved slowly, and it was not until the 1980’s that real interest and respect for psychotherapy integration took hold in the psychotherapy literature (Castonguay & Goldfried, 1994). Several interacting variables identified by Norcross and Newman (1992) contributed to the popularity and utility of psychotherapy integration, including growth in the number of separate therapy types, the failure of any one therapy to be shown superior to any other, the growth of the short-term therapy phenomenon, increased dialogue between clinicians from diverse theoretical backgrounds, the increasing pressure from third-party payers for accountability from psychotherapists, and perhaps most importantly, the identification of the common factors present in *all* psychotherapies that are related to successful outcomes (Norcross & Newman, 1992).

Psychotherapy Integration

Psychotherapy integration is “characterized by openness to various ways of integrating diverse theories and techniques” (Arkowitz, 1992, p. 262), with the goal of providing more effective psychotherapeutic treatment for our clients.

Stricker (1994) cites the “law of the instrument” when he points out that we might do very well with a hammer on jobs that use nails, but “the possession of a full tool box is in the best interest of both the carpenter and the project” (Stricker, 1994, p.3). A “full tool box” is an apt metaphor for the necessity of employing a range of techniques, encompassing more than one theory, in the hopes of most effectively treating our clients.

Psychotherapy integration, however, does not advocate using just any technique that works, regardless of its theoretical underpinnings. To do so would be to practice a theoretically eclectic approach, a different philosophy which employs multiple techniques. Rather, the integrative approach “attends to the relationship between theory and technique” (Stricker, p.3), and is open to alterations with the acquisition of new research data and clinical experience. It adopts a more process-oriented philosophy, using the responses of the client and the goals of the therapy as guidelines.

Changes In Attitude

The increasing use of integrative approaches in the past thirty years illustrates an important point about how the field of psychology and its practice has changed. The field has adapted to provide more effective treatment modalities, and no longer forces the clinician to be limited by one cherished theory. As Castonguay and Goldfried (1994) state,

the most significant change... has been the progressive abandonment of an attitude of complacency and orthodoxy within each major orientation— psychodynamic, humanistic-experiential, and behavioral— and the gradual emergence of an open-mindedness toward the possible contributions of other theoretical approaches (Castonguay & Goldfried, 1994, p.159).

This change in attitude frees clinicians to integrate theories judiciously that are complimentary and seem to speak to each other in helpful ways. Two such therapies are intersubjectivity therapy and Gestalt therapy. While these two theoretical orientations may seem miles apart conceptually, there are several areas of crossover worth exploring.

Intersubjectivity Therapy and Gestalt Therapy

Intersubjectivity theory is based on the premise that both the client *and* the therapist bring something of themselves and of their respective past emotional experience to the therapeutic relationship. This theoretical orientation is very attentive to the dynamics in the therapy room, especially of the relationship between therapist and client. It attends to how the client and the psychotherapist interact with each other, as well as how they feel about each other, consciously and subconsciously. However, unlike Gestalt theory, this theory also focuses heavily upon the client's interpersonal history, and the client's feelings about early, important objects, which inform and shape this present relationship with the psychotherapist. Within this theoretical framework, the therapist strives to truly understand each client's subjective experience in the hope of providing accurately empathetic responses.

Gestalt theory and therapeutic practice has tended to emphasize the power of the present tense perspective, and has focused on what is enacted in the therapy room, including the therapeutic relationship. Gestalt psychotherapy practice has not tended to focus on past experiences, relationships, or feelings, except as past experiences of the client become salient in the present moment. Instead, Gestalt

therapy uses the immediate psychotherapy experience as the laboratory in which to increase the client's awareness of issues and feelings previously out of awareness. Within this therapeutic laboratory, the Gestalt therapist seeks to fully understand the client's unique phenomenology, as it plays out in the therapy room. By so doing, the client may feel fully heard and accepted by the therapist, and gain heightened awareness of the issues at hand.

It seems clear that intersubjectivity therapy and Gestalt therapy approach the task of psychotherapy with a somewhat different focus, yet similarities are apparent between the two. Both theories wish to increase client awareness, though they may achieve that goal in different ways. Both theories are humanistic, emphasizing the importance of understanding the phenomenology/subjective experience in the client's intersubjective/phenomenological field. And, perhaps as a result of that understanding, both theories use the therapeutic relationship as an integral aspect of their psychotherapy. This emphasis on the importance of the therapeutic relationship leads to a discussion of the importance of relational aspects present in both theories.

Relational Aspects of Intersubjectivity Theory and Gestalt Theory

While it is beyond the scope of this work to fully integrate Gestalt theory with intersubjectivity theory, it is possible to examine the relational aspects that drive them both in important ways. The importance of the therapeutic relationship and other relational aspects is acknowledged and utilized by both theoretical orientations. The two theories frequently use similar language when discussing the importance of the therapeutic relationship and other relational

aspects within psychotherapy, but may conceptualize very differently. These different ways of conceptualizing and utilizing various relational aspects can be combined to create a synergistic result enhancing the practitioner's therapeutic effectiveness and thus the potential of better psychotherapeutic outcomes.

Proposal

This dissertation proposes to investigate and integrate relational aspects of intersubjectivity theory and practice with Gestalt theory and practice. The intent of this synthesis and extension of the existing literature is to improve therapeutic technique and provide more effective psychotherapy to clients through a partial theoretical integration of these complimentary theories.

A comprehensive review will provide a brief history and over-view of intersubjectivity theory and practice, primarily drawing on the writings of Stolorow and Atwood (1984, 1995), and Buirski and Haglund (2001), and others. Starting with its roots in Freudian psychoanalytic theory, the ways in which intersubjectivity therapy conceptualizes clients and their issues will be explored. This will be followed by a brief overview and history of Gestalt theory, using the writings of Perls, Hefferline and Goodman, (1951), and Polster and Polster (1973), and others. Again, starting with its roots in Freudian psychoanalytic theory, the ways Gestalt therapy conceptualizes clients and their issues will be explored. This will be followed by a review of relational aspects within intersubjectivity therapy and relational aspects within Gestalt therapy. Finally, a synthesis and extension of the relational aspects of these two theories will be provided, looking

at the current literature on the integration of intersubjectivity therapy with Gestalt therapy, exploring how best to integrate these two modes of psychotherapy in order to provide a more powerful and comprehensive treatment modality with which to treat our clients. Several clinical vignettes from the author's practice will be provided as an illustration of how this integration might look in actual practice.

Brief Literature Review

A preliminary review of the literature pertaining to the integration of various aspects of intersubjectivity therapy and Gestalt therapy reveals that there is some interest in integrative thinking within these two theories, though most do not focus exclusively on the relational aspects of each theory. Yontef (2002) posits that Gestalt therapy is systematically relational in its theory and methodology, though it has not always emphasized that fact, and discusses a methodology for assimilating psychoanalytic perspectives into Gestalt theory and practice (Yontef, 1988). Both Jacobs (1992) and Breshgold & Zahm (1992) glean insights from self-psychology and intersubjectivity theory to enhance their effectiveness as Gestalt therapists. They discuss several complimentary concepts from Gestalt theory and intersubjectivity theory (including relational aspects from each), which often use different language to express very similar ideas. The work of Hycner & Jacobs (1995) on the use of the therapeutic relationship in Gestalt therapy discusses in detail the intersection of intersubjectivity theory and its usefulness to Gestalt therapy. They discuss the role of dialogue in therapy and the integration of intersubjectivity theory, self-psychology, and Gestalt therapy

(Hycner & Jacobs, 1995). Tobin (1982) discusses the integration of Gestalt therapy and self-psychology, with some emphasis on the similarities between the two theories regarding the importance of the relationship in psychotherapy.

The above literature, as well as other works on this subject, will be used as a springboard to facilitate an integration of the relational concepts utilized in intersubjectivity therapy and Gestalt therapy. By focusing solely on the relational aspects within each of these theories, the complimentary nature of the two theories will be shown, as well as how aspects of each theory may inform and guide the other. By crossing theoretical boundaries, new layers of meaning will be revealed, and a new, more fully integrated theory will be created. Treatment may be improved by this broadened analysis, and may be more effective for a larger therapeutic population. This synthesis will provide a new therapeutic framework, giving therapists a comprehensive and integrated theory with which to treat clients. By integrating the basic Gestalt principle of orientation to the present (particularly the current relationship between client and therapist) combined with an intersubjective focus on early object relations (particularly how those past experiences play out in the current therapeutic relationship), we use the best of both theories to increase client awareness of both the past and present, and the dynamic interplay between them.

The format of this dissertation will be as follows:

-Introduction

-Overview of intersubjectivity theory and practice

-Overview of Gestalt theory and practice

-Exposition of relational aspects of both theories

-Synthesis and extension of relational aspects of the two theories, with several clinical vignettes provided as illustrations

OVERVIEW OF INTERSUBJECTIVITY THEORY AND PRACTICE

To understand the potential interplay between intersubjectivity theory and Gestalt theory, it is important to look first at each theory separately and examine its genesis. Intersubjectivity theory has its roots in psychodynamic theory, particularly the more relational schools, such as self psychology and interpersonal theory. It is the logical outcome of the progression from Freud's classical drive theory to Sullivan's interpersonal field theory, to Erikson's analysis of the human life cycle and concepts of identity formation. From there, it flows from Klein's, Mahler's, and Bowlby's work in the area of attachment and parenting, to Winnicott's expansion of those theories into the area of parent-infant bonding, to Kohut's concepts of the self (Mitchell & Black, 1995). As cited by Orange, Atwood, and Stolorow (1997),

Kohut insisted that the entire domain of psychoanalytic inquiry is subjective experience. He implicitly rejected drive theory, along with metapsychological constructs generally. The only data for psychoanalytic understanding, Kohut believed, are those that are accessible by introspection and empathy. [Intersubjectivity theory] completely accepts self psychology's most fundamental tenet, its definition of the sources of psychoanalytic inquiry and understanding as well as its conviction that self-experience is radically context-dependent- that is, rooted in specific contexts of relatedness (Orange, Atwood, & Stolorow, 1997, p.6).

This definition of intersubjectivity theory clearly illustrates the fact that relational aspects are vital to how it works with clients in the therapy room.

Intersubjectivity Theory

Intersubjectivity, as defined by two of its primary theorists, posits that “psychoanalysis seeks to illuminate phenomena that emerge within a specific psychological field constituted by the intersection of two subjectivities- that of the patient and that of the analyst” (Atwood & Stolorow, 1984, p. 64). This view differs radically from the Freudian concepts of neutrality, scientific empiricism, and the “God’s-eye view” of the therapeutic enterprise. Intersubjectivity as practiced in psychotherapy “views psychoanalysis as the dialogic attempt of two people together to understand one person’s organization of emotional experience by making sense together of their intersubjectively configured experience” (Orange, 1995, p. 22). In this construction, both therapist and client each use their subjective experience to “make sense” of how they interact with and affect each other. Orange and colleagues (1997) illustrate this further when they state,

Intersubjectivity theory is not a set of prescriptions for clinical work. It is a sensibility that continually takes into account the inescapable interplay of the two subjects in any psychoanalysis. It radically rejects the notion that psychoanalysis is something one isolated mind does to another, or that development is something that one person does or does not do. Working intersubjectively is exploring together for the sake of healing (Orange, et al, 1997, p. 18).

Differences between Intersubjectivity Theory and Traditional Analytic Theories

Because intersubjectivity theory evolved from more traditional analytic theories, it is best illustrated by showing how it differs and contrasts from earlier theories. One of the fundamental ways that intersubjectivity theory differentiates itself from more traditional theories of psychoanalysis is its departure from the Cartesian doctrine of the isolated mind. Freud utilized this concept in many ways, using it in the formulation of his

ideas regarding transference and therapist neutrality, and in his perceived separateness from his patient. This doctrine serves to split the inner, subjective experience of the individual into visible and invisible regions, “reifies and absolutizes 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 essentially estranged” (Stolorow, Atwood, & Orange, 2002, p.1). This conceptualization of human experience has pervaded modern thought about the nature of reality, and, within the field of psychology, has wielded enormous influence over how we think about our selves, our feelings, and our experience and expression of those feelings. It has helped to reify the idea that we are separate from our true selves and unable to access that self without the assistance of a “neutral” other. In fact, Freud encouraged the idea that we might not fully know who we are, and thus, we are in need of a neutral guide to lead us home. Letting go of the image of the neutral and objective analyst presents a challenge, especially when that image must be replaced by a therapist who is more vulnerable to the client’s pain. As Orange and colleagues (1997) put it,

The ideal of the neutral and objective analyst, impenetrable and sage like, is just such an image, in that it disavows the deeply personal impact of the analyst’s emotional engagement with patients and denies all the ways in which the analyst and his or her own psychological organization are profoundly implicated in all the phenomena he or she observes and seeks to treat (Orange, et al., 1997, p.42).

From an intersubjective perspective then, the analyst must be willing to be affected and moved by what the client brings to the therapy. This emotional availability on the part of the therapist sets the entire therapeutic relationship in motion.

Heidegger's philosophical model

In contrast to the philosophy of the isolated mind, early intersubjective theorists adapted the philosopher Heidegger's contextual vision, (1962) in which "human Being is saturated with the world in which it dwells, just as the inhabited world is drenched in human meanings and purposes" (Stolorow, et al, 2002, p.9). Intersubjective oriented therapists works to understand the client's inner phenomenology partly by acknowledging what they, as therapists, bring to the consulting room. The therapist's own interpersonal experiences, and the meanings they have drawn from those experiences, form an essential grounding in their understanding of the issues, feelings, and meanings their clients bring.

Affect and Context

Another contribution from Heidegger's thinking concerns the importance of affect, a basic dimension of human experience. He described it as "a mode of living, of being-in-the-world, profoundly embedded in constitutive context. Heidegger's concept underscores the exquisite context-dependence and context-sensitivity of human emotional life" (Stolorow, et al, 1995, p. 10). This idea of context is one of the corner-stones of intersubjective thinking. Context is one of the most salient concepts for the intersubjective therapist to utilize when conceptualizing a client. Acknowledging and using the client's unique context enables the therapist to understand the meanings the client has made from experience, helping to bring those to awareness. Stolorow and Atwood (1992) state convincingly that:

the concept of an intersubjective system brings to focus *both* the individual's world of inner experience *and* its embeddedness with other such worlds in a continual flow of reciprocal mutual influence. In this

vision, the gap between the intrapsychic and interpersonal realms is closed, and, indeed, the old dichotomy between them is rendered obsolete (Stolorow & Atwood, 1992, p. 18).

Abstinence versus Empathy

One other contrast between intersubjectivity theory and more traditional theories concerns abstinence versus empathy. Freud practiced under the dictum of abstinence, that is, the idea that the analyst should not give in to the client's desire and need for empathy, understanding, and "instinctual satisfactions". He thought that to do so would render him no longer neutral, and thus contaminate the transference, which needed to remain "pure".

As stated by Orange and her colleagues,

This technical injunction derived from the theoretical assumption that the primary constellations with which psychoanalysis is concerned are products of repressed instinctual drive derivatives. Gratification, according to this thesis, interferes with the goals of bringing the repressed instinctual wishes into consciousness, tracking their genetic origins, and ultimately achieving their renunciation and sublimation (Orange, et al., 1997, p. 36).

Many arguments have arisen from more contemporary, relational theorists, stating that to frustrate the client's wish to connect is not perceived as neutral or therapeutic, and in fact could be damaging. As several theorists have pointed out "so-called transference neuroses, thought by many to be the sine qua non of an analytic process, may actually be iatrogenic reactions to the indiscriminant application of the principle of abstinence. Thus an attitude of abstinence not only may fail to facilitate the analytic process; it may be inimical to it" (Orange, et al., 1997, p. 36).

Sustained empathic inquiry

Intersubjective theorists have replaced the notion of abstinence with a very different construct: sustained empathic inquiry. This philosophy posits that with

sustained, empathic attention to the client's concerns, there is a greater possibility that the client's subjective world will be illuminated and understood (Stolorow, Brandchaft, & Atwood, 1995). Stolorow goes on to state,

Like the rule of abstinence, the empathic stance decisively shapes the therapeutic dialogue, but in an entirely different direction. Sustained empathic inquiry by the analyst contributes to the formation of an intersubjective situation in which the patient increasingly comes to believe that his most profound emotional states and needs can be understood in depth. This, in turn, encourages the patient to develop and expand his own capacity for self-reflection and at the same time to persist in articulating ever more vulnerable and sequestered regions of his subjective life. Equally important, it progressively establishes the analyst as an understanding presence with whom early unmet needs can be revived and aborted developmental thrusts reinstated (Stolorow, et al., 1995).

It seems that this stance more than any other establishes intersubjective theory as primarily relational in many aspects. Therapists may use themselves as instruments with which to help clients recognize and articulate thoughts and feelings previously out of their awareness.

Pathology

A related characteristic of intersubjective theory is its perspective on pathology. Unlike traditional drive theory, where the patient is conceptualized as dysfunctional and a slave to unresolved inner conflicts and drives, intersubjectivity seeks to conceptualize the client as creative and adaptive in their behaviors. In *Making Sense Together*, Buirski and Haglund (2001) use this different construct to understand their clients.

Through the intersubjective lens, patients are not viewed as trying to hide or dress themselves up. Rather, their presentations are seen as dynamic solutions to the universal problems of managing affect within their individual developmental contexts. By appreciating this adaptive solution and the complex system from which it emerged, the client's efforts of striving toward health is affirmed, as opposed to a focus on 'pathology'.

When the therapist responds from this perspective, the patient can feel more real to himself and more trusting in his perceptions and his own experience (Buirski & Haglund, 2001, p.4).

Therefore, intersubjective thought is what might be called “non-pathologizing”, being willing to attempt to understand the client’s motivations and desires to feel better in the world, and see these attempts in the client’s unique emotional context.

Conclusion to Overview of Intersubjectivity Section

Intersubjective theory and practice may be thought of as relational, context dependent, non-pathologizing, and willing and able to enter into the client’s intersubjective field. It is a way of thinking that takes into account not only the client’s experiences and inner meanings made from those experiences, but also takes into account the therapist’s inner workings and experiences. From that combination of experiences and meanings the client has a chance to feel heard, understood, and ultimately healed of the injuries that brought them to treatment in the first place. The guiding principle for this method of conducting psychotherapy is the notion that reality cannot possibly be objective. We cannot “know” the client’s reality because it *is* subjective. What we can know is our own reality and emotional experiences, and using those tools, look for ways to validate and understand our client’s experience. As Stolorow and his colleagues put it, “A fundamental assumption that had guided our work is that the only reality relevant and accessible to psychoanalytic inquiry (that is, to empathy and introspection) is subjective reality- that of the patient, that of the analyst, and the psychological field created by the interplay between the two” (Stolorow, et al 1995, p.4). Intersubjectivity theory provides a method with which therapists may “move toward” the client, rather than “stand back” in an effort to remain objective. Clients can be helped in new ways by having

intersubjectively-oriented therapists who are willing to ride the emotional roller coaster with them on a journey toward mutual discovery.

OVERVIEW OF GESTALT THEORY AND PRACTICE

Because Gestalt therapeutic practice stems more from a philosophy than a theory, it remains difficult to define. The German word “gestalt” has no direct English translation, but may be defined as a whole form that cannot be broken up without destroying it. The relationship between the parts of the whole cannot change without destroying the particular gestalt (Latner, 1973). This identifying, defining principle will become clearer as Gestalt therapy is further discussed. Related to the concept of the “gestalt” is the idea that this therapy “is a theoretical system which embraces health, not pathology. The clients we see are not “sick”, “neurotic”, or engaging in maladaptive behaviors. Rather, every individual has the capacity to “self-regulate” and finds the best possible solutions to the environmental challenges life offers” (Frew, 2004, p. 10). This concept of clients making “creative adjustments” to environmental challenges connects to the intersubjective idea put forth in the previous section that conceives clients as creatively managing the challenges of their lives and the affects those challenges create. Gestalt therapy takes the same, non-pathologizing stance.

History

Like intersubjectivity therapy, Gestalt therapy has its roots in Freudian psychoanalytic theory, but rather than growing out of that theory (as did intersubjective theory) Gestalt theory and psychotherapy was designed as a refutation and total revision of Freudian principles. The founders of Gestalt therapy, Fritz Perls, who was originally

trained as a Freudian analyst, and his wife Laura became exposed to the philosophical ideas of Heidegger and others (which also influence intersubjectivity theory, as illustrated in the previous section) and began developing a philosophy of psychotherapy that was radically different from Freud's emphasis on drives, the significance of past experiences, and the interpretation of past experiences. Gestalt therapy emphasized the present moment, the process as it is played out in the therapy room, and experimentation with that process (Frew, 2004).

Organizing Principles

An organizing principle of Gestalt therapy is the concept of holism, which can be defined as conceptualizing that all of nature and humanity is a "unified and coherent whole" (Latner, 1973, p.6). From this we derive one of the most important concepts of Gestalt therapy: that the whole is greater than the sum of its parts. As stated in *The Gestalt Therapy Book*,

We are not simply an accumulation of functions...we are more interested in integration than analysis. Because we are looking for the ways in which things come together, we attempt to understand them in ways that bring them together, rather than in ways that separate them. Therefore, we are attuned more to the processes and principles that reoccur in behavior than to the temporary forms these processes take (Latner, 1973, p. 7).

The concept of process serves to differentiate from content, i.e., what is actually articulated in the therapy room. Process refers to *how* the client communicates with the psychotherapist, in things such as intonation, posture, articulation, affect, etc. "Gestalt therapy is a process-oriented approach in the sense that it focuses on various aspects of the therapist-patient field in the therapeutic interaction" (Bresgold, 1987, p.25). This leads to a discussion of the underlying philosophical principles of Gestalt therapy.

Philosophical principles

Several overarching philosophical principles inform and define how Gestalt therapy is practiced: field theory, phenomenology, and dialogue. Field theory derives from early 20th century physics, which uncovered and described the electromagnetic forces of the field that surrounded people, things, and animals. These discoveries led to the development of field theory by the social scientist Kurt Lewin in the 1930's. His theory was then adopted by Fritz and Laura Perls as they developed their concepts of what comprised Gestalt therapy. Intrinsic to field theory is the human urge to complete interactions and desires, and the concepts of figure and ground within the field. As stated earlier, the word Gestalt may be defined as a whole or a complete pattern which cannot be broken without destroying its nature. "We make patterns and wholes of our experience: we have a spontaneous urge to complete or make meaning out of perceptual stimuli" (Mackewn, 1997, p. 15). Therefore, the field is comprised of the totality of the external and internal environment of the self. In Gestalt psychotherapy, the field is impacted by both therapist and client in a reciprocal relationship that is interdependent, horizontal, and dynamic. The field is comprised of both foreground and background, and the job of the Gestalt therapist is to attend to whatever is figural, that is, in the foreground. Everything is considered of equal importance, going back to the concept of the Gestalt- that is, the whole matters, with no part being more important or deserving of attention than another.

Phenomenology

Phenomenology describes the client's subjective experience which the therapist strives to understand from the perspective of the client. Part of this process for the

therapist is to “bracket off” assumptions that they may have about the client’s experience of his or her subjective reality. This philosophy posits that there is no objective reality *per se*, which echoes concepts from the previous section on intersubjectivity theory which states the same thing, showing how well these two theories complement each other. As therapists attempt to understand the client’s phenomenology, they are helped by having the client describe rather than explain. Gestalt therapy gears itself to the present moment and gains much more from the client telling *how*, rather than *why*. As Latner describes it,

This is a present-centered activity. If we ask *why* instead of *how*, we would look at the past for causes, but the holistic approach, stressing the activity itself and its context, eschews history in favor of the here-and-now. The emphasis is on phenomena, on the present as it can be known through empathy, observations, and experience (Latner, 1973, p. 10, 11).

Phenomenology is not just a way of entering the client’s subjective reality as it presents itself to us in psychotherapy; it is also a way of understanding that reality from the client’s perspective rather than our own.

Dialogue

The third philosophical principle is that of dialogue. Dialogue with the client requires that the therapist be truly present with the client in the therapy room. This means that the therapist must be available for what theologian Martin Buber termed an “I-Thou” relationship, those moments of grace and encounter between person and person. This differs from an “I-It” objective relationship, which often comprises how our day-to-day interactions take place. An I-Thou relationship, (or moment), consists of authentic relating, total presence, and confirming reality as it is expressed by the client. “The I-Thou mode of relating has the qualities of immediacy, directness, presence, and

mutuality. These qualities create a therapeutic relationship that is not hierarchical and a meeting between a patient and therapist that is in and of itself healing” (Zahm & Gold, 2002, p.864). Dialogue requires active personal involvement, as the therapist meets the person, rather than attempting to change them. The idea of “healing through meeting” comes up frequently in the Gestalt literature, and illustrates the basic accepting stance of Gestalt therapy. Dialogue serves to enhance that encounter in which the client feels understood and accepted in the present moment.

The Paradoxical Theory of Change

Now that the basic tenets of Gestalt therapy have been articulated and discussed, an explication of how Gestalt therapy conceptualizes change is necessary. First, the primary Gestalt principle of change is that of increasing client awareness. Increasing client awareness with no overt focus on change allows the client to be exactly whom and where he or she is. This awareness has the paradoxical effect of allowing change to happen. Symptoms are not typically the primary focus in Gestalt therapy. Gestalt therapy strives to provide a holistic environment where the client may be genuinely herself. This freedom for clients to be themselves gives the therapist myriad clues and information of how clients have attempted to deal with conflicts in the field. By allowing clients to be authentic and understanding their phenomenology, the therapy encounter creates the circumstances which increase client awareness. “By focusing on moment-to-moment process in the therapy session, the Gestalt therapist works with how the person creates and maintains her particular experience of self and other, and how this experience impacts the current situation” (Zahm & Gold, 2002, p. 864). From this follows spontaneous change, as the client becomes more aware. Gestalt therapy focuses

on showing clients their capacity for creating solutions. This gives clients skills that will hopefully be generalized to other troublesome aspects of life.

Clients come to therapy most often because they perceive that there is something wrong with them, their lives, and/or the people around them. The paradoxical theory of change posits that people change when they accept who they are and give up on the struggle to become what they think they should be. This entails the awareness mentioned previously; they need to become fully aware of who they are. Not only that- they then need to accept who they are! This approach requires patience and skill because so many clients come to psychotherapy wanting their therapists to facilitate change in their lives. The Gestalt therapist resists being a traditional change-agent, wanting rather to help the client increase their awareness and to become their own agent of change. Mackewn (1997) states:

The more we push for change, the more we are likely to activate a counter-force within the individual or their field which pushes against change and seeks to maintain the status quo. In addition, if we join with the side of the client which wants to change, we will be joining forces with one part of the client only; so we will have abandoned the position of working with the whole person of the client and although clients may temporarily express satisfaction, in the long-run they are less likely to feel confirmed in their whole being (Mackewn, 1997, p. 65).

Again, this harkens back to the defining principle of Gestalt therapy- the importance of the whole, with no part more important than another.

Organismic Self-regulation and Figure Formation

Gestalt therapy “is rooted in the proposition that individuals are inherently self-regulating” (Frew, 2004, p. 17). This means that human beings know what they need to maintain their equilibrium and act in their environment to attain that need. This begins

when we are babies and need food or nurture; we cry, and hopefully the present need is met. This illustrates in a simple, biological way the concept of organismic self-regulation. Therapy presents more complex scenarios with which our clients grapple. Clients seek to move beyond simply maintaining their emotional equilibrium to issues of identity, self in the world, and self-perception. These issues constitute what is often at the forefront of the client's current experience; as Gestalt theory would have it, they are "figural". In Gestalt terms, what is figural and what is in the background of the field is ever-changing and dynamic. The process of awareness and contact creates a cycle that works to provide organismic self-regulation in our daily lives. The cycle begins with homeostasis, and moves to a sensation of some kind. This leads to awareness of need and a clarification of the need. At this point, energy and excitement are generated as the need is on the verge of being met. The individual scans the environment, sees a way to meet the current need, takes the action necessary to meet the need, makes the necessary contact, and then attains closure (Frew, 2004). This can be as simple as perceiving thirst, getting the water necessary to quench the thirst and returning to one's activities. But, in psychotherapy, this cycle is more complicated and necessitates help from the Gestalt therapist to increase client awareness so the client can "cycle through" a painful place which was previously out of awareness. The following vignette may help to illustrate how this cycle works clinically:

Liza, a 24 year old Caucasian female, presented to therapy with many relationship issues and ambivalence about her current boyfriend. Her therapist asked her to close her eyes and attempt to convey what her physical sensations were at the moment. Though at first she denied any sensations in particular (homeostasis), she then stated that her chest

felt like it had a band around it (sensation) and the sensation was very anxiety producing (awareness). When questioned about the anxiety, she stated that she was afraid that her boyfriend's needs would smother her and make her "crazy" (clarification of the figure). The therapist encouraged expression of these feelings, and had the client talk to the therapist as if she were the boyfriend (scans the environment and take action). After a several minute emotionally-charged tirade, ending with the statement "I don't know if I can give you what you want" (contact) the client relaxed, and stated that her chest no longer felt tight (closure).

Boundary Phenomena

The cycle just described is present in multiple ways in our activities of daily living, as well as in our emotional processes. Many different roadblocks exist that serve to short-circuit the cycle of organismic self-regulation, and need to be defined and understood to complete this overview of Gestalt psychotherapy. An interruption at any point in the cycle creates the need to make a "creative adjustment" to the person's reality. Creative adjustments are ways that human beings compensate for the difficulties of their lives and circumstances, and though they provide survival and function, they may limit the experience of the self, flexibility, and ways of being with others. "When disturbances exist in perceiving, experiencing, identifying with, and acting on needs, this loss of functioning is observable by the trained therapist at the contact boundary, which refers to the dynamic relationship at the point where the person and the environment meet and act" (Zahm & Gold, 2002, p. 867). Gestalt therapy focuses on the contact boundary between the individual and the environment, and how the client negotiates relationships. Mackewn goes on to say,

For it is here that client and counselor can notice the patterns of how people connect (or fail to connect) to their surroundings and circumstances and thus learn about how they meet (or fail to meet) their needs. A fixed gestalt involves denying or displacing a human need and requires effort and energy, even though the active effort, like the original need, is kept out of awareness” (Mackewn, 1997, p. 27).

This can happen in many different ways, as defined below, and at times, these mechanisms can be connected. These processes are out of the client’s awareness and show how contact can be disrupted at any point in the cycle. It is important to point out that in non-pathologizing Gestalt style, that these “interruptions of contact” may also be defined as dimensions or styles of contact that help an individual organize their field. Depending on the circumstances present in the field, these boundary phenomena may disturb or support contact, depending on what is taking place in the individual field (Mackewn, 1997). The concern of the Gestalt therapist is on *where* in the cycle these interruptions take place, and how they impact the client’s interactions in the world.

Disruptions of Contact

Introjection has been described as something in the individual’s environment that has been “swallowed whole” with no time taken to “chew”, and make it authentically part of the self (Zahm & Gold, 2002). When a person introjects, they take in an idea or value without any examination, evaluation, or assimilation. It is simply taken in whole, and becomes part of the self. An introject can be anything from a negative statement a parent continually makes (“you are no good and lazy”) to an idea we get about ourselves from our environment (I am no good unless I am producing something of value). Introjects can be damaging not only to our concept of who we are, they can also serve to disrupt our ability to form relationships that are mutually satisfying.

Projection is defined much as it is by psychoanalytic theory- a disowning of a behavior, trait, or an emotion in the self and then projecting it on to a person or onto the environment. If a person has introjected the idea that she must not be angry, she may project the emotion of anger upon a person outside herself, accusing them of being angry. This shows the interconnectedness of the various contact disturbances, specifically how an introject informs and creates a projection. Projections serve to keep the emotions of the client out of awareness, and mistakenly attributed to others.

Retroflexion occurs when some action that could be taken toward the environment cycles back to the individual instead. There are two types of retroflexing. In the first type, an emotion that an individual feels is unacceptable to express (possibly the result of an introject) and is instead turned back on the person (anger at the self instead of the person we are truly angry with). In the second type, an individual does for him or herself something that the environment could potentially provide (comforting ourselves rather than getting comfort and support from the environment), perhaps stemming from an introject involving our self-worth. An example of this could be a person who rubs their own neck in a room full of massage therapists.

Confluence is defined as denying the existence of boundaries between the self and others, or between the self and the environment. This can be a satisfying state in moments of intimacy with another person, but as a steady diet, it denies the person a firm sense of self and individuality. We can see why it might be comfortable for an individual who has perhaps introjected the idea that they are worth nothing unless they are connected to others or a person who does not feel safe in the world unless they are permanently bonded to another human being. However, this contact interruption serves to cripple the

self emotionally, and creates dependence in relationships, rather than a healthy interdependence.

Deflection provides individuals with a way of reducing the intensity of contact with others. Literally, it is when one pushes aside or avoids contact when it feels too intense or direct for an individual. It may manifest as poor eye contact, aloof body posture, or joking when contact with another person feels too intense. Deflection can be helpful under certain circumstances, as can all these styles of contact, but too much of any of these may disrupt or short-circuit meaningful relationships and contact with the world.

Conclusion to Overview of Gestalt Section

Gestalt therapy principles are informed by the stance that human beings do the best that they can with what their environments hand them. Making creative adjustments, varying contact styles, and keeping painful issues out of their awareness serves to protect individuals and often keeps them reasonably functional in their everyday lives. Gestalt therapy wants to help troubled individuals increase their awareness of whatever is figural in their field, and fully embrace the essence of who they truly are. Then, utilizing the paradoxical theory of change, they may use their heightened self-awareness to move forward in their lives to more satisfying relationships with themselves and others. Gestalt therapy is focused on creative solutions, not on pathology. It strives to respect the phenomenology of the individual, creating an “I-Thou” relationship that is in itself, inherently healing.

RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND GESTALT THERAPY

As illustrated in the previous sections, both intersubjectivity theory and Gestalt theory have many relational aspects, intersubjectivity being relational by definition, and Gestalt therapy having evolved since its inception to a more relational stance. Before delving further into relational aspects of both theories, it is necessary to differentiate true Gestalt therapy from what has been termed “Perlimism”, which is best defined as the outrageous, provocative style of Fritz Perls in the 1960’s. This type of therapy did not always attune itself to the therapeutic relationship, and was indeed sometimes traumatizing (Mackewn, 1997). Contemporary, integrative Gestalt therapy “is not, at heart, a matter of developing new tricks and techniques but of creatively adapting the approach and the practitioner to meet the other person or people where they are available for meeting” (Mackewn, 1997, p.viii). This approach mirrors the intersubjective approach in that the therapist desires to understand the client’s subjective reality and meet the client precisely where they are as they seek psychological help. Both theories use many of the same conceptual building blocks, philosophically and in application, though the terms used may be different. Several important shared relational aspects of the two theories follow.

Transference

Both theories acknowledge and use the concept of the transference, though they define it in slightly different ways. Traditional psychoanalytic theory defined transference as “an attempt of the patient to the analyst to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood. Hence, transference is a regressive process” (Waelder, 1956, p.367). Defined this way, transference was connected to unconscious drives, and an “archeological” perspective on the part of the client. The client needed to relive past relationships with important early objects as a way of reenacting past trauma or unsatisfactory relationships, and this was seen as a distortion of reality. In intersubjectivity therapy, the concept of transference has evolved, and is conceptualized somewhat differently. Stolorow defines it thus:

Transference in its essence refers neither to regression, displacement, projection, nor distortion, but rather to the assimilation of the analytic relationship into the thematic structures of the patient’s personal subjective world. Thus conceived, transference is an expression of the universal psychological striving to organize experience and create meanings (Stolorow et al., 1987, pp. 45-46).

Defined as such, intersubjectively oriented transference utilizes the significance of the client’s relationships and what meanings the client makes from those relationships. It is not about remaking or reliving the past, but rather about understanding present relationships in light of past relationships and what organized those past relationships. Previous psychological themes from the client’s life are used to “make sense” of present relationship, particularly the dynamic relationship with the therapist. It is about how past experience is organized and meanings created (Buirski & Haglund, 2001).

Transference in Gestalt Therapy

Many therapists incorrectly assume that Gestalt therapy does not acknowledge the concept of transference. In fact, early Gestalt theorists had many issues with the Freudian concept of transference, particularly the over-emphasis on the transference relationship between therapist and client and on the interpretation of that transference as the primary mode of psychotherapy. However, Gestalt therapy has always acknowledged and used the concept of transference, and Perls contributed to the field of psychotherapy by positing that the therapist could accept the client's transference feelings as valid in themselves (rather than the Freudian "distortion of reality") and could respond to them authentically (Mackewn, 1997). Much like intersubjectivity theory, Gestalt theory views the transference as the way clients perceive their current reality,

through the lens of their history, their unfinished business, their fixed gestalts rather than merely according to the properties of the current situation. It is the process by which people assimilate their present life experience (including the experience of counseling) into their established patterns of organizing and making meaning of their field. In other words transference is one way (often a habitual and fixed way) of organizing the field" (Mackewn, 1997, p. 93).

Thus, much as intersubjectivity defines it, transference in Gestalt therapy organizes experience and makes meanings of that experience. Both theories see transference as concerning relationships, patterns in relationships, and the possibility of using the therapeutic relationship to begin to experience relationships differently. Both theories use the relationship and how the client contacts/connects to understand the client's subjective reality (intersubjective theory) or their phenomenology and how they negotiate the contact boundary (Gestalt theory). This leads to the concept of dialogue, an important element in any relational therapy, and one that is paramount both to Gestalt and intersubjectivity therapies.

Dialogue

Because intersubjective therapy strives to understand the client's subjective reality more than anything else, it is primarily dialogic in nature. Dialogue provides a means of exploring and understanding the client's subjective reality, and the chance to then be accurately attuned to what the client feels and needs. In this way, the therapist may provide the sustained empathic inquiry that is the cornerstone of intersubjectively oriented psychotherapy. The therapist works with whatever is salient to the client at the present moment, and in this way will uncover what needs to be revealed as the therapy progresses. "We keep the dialogic ball in the air by attuning to the patient's affective experience, not by collecting data" (Buirski & Haglund, 2001, p.108). An important aspect of intersubjective dialogue is the ability on the part of the therapist to accurately articulate the client's emotional experience. This is the difference between asking the client "how did that feel to you?" and accurately stating "you felt crushed". "By articulating the patient's subjective state, the therapist conveys an experience of both acceptance and understanding" (Buirski & Haglund, 2001, pp. 107). This reinforces the intersubjective focus on the relationship between client and therapist. The client's feeling that the therapist "gets it" can be enormously powerful and healing for a person who has felt misunderstood and judged for much of their life. This relational emphasis on dialogue provides the impetus for connection between client and therapist, facilitating deeper exploration of the past and how it impacts the present.

Dialogue in Gestalt Therapy

Dialogue provides an important cornerstone to Gestalt therapy as well, though again, it is conceptualized in a slightly different way. In Gestalt therapy, the importance

of dialogue stems from the influence of the philosopher and educator Martin Buber, who was particularly attuned to the breakdown of interpersonal relationships in 20th century culture. His book, *I and Thou*, gave voice to the idea of genuinely encountering one another as fellow human beings. The I-Thou relationship is genuinely interested in the other, and Gestalt therapy adapted this philosophical perspective to inform the conduct of Gestalt psychotherapy. To see and hear the other as a genuine person, and respond as such provides a “healing through meeting” moment in Gestalt therapy (Hycner, 1988). Hycner and Jacobs (1995) point out that there are many misunderstandings of what we mean when we say we want to work dialogically in Gestalt therapy. They first point out that dialogic therapy is primarily an approach, rather than a technique. “It places the relational at the heart of our existence and of our work as therapists” (Hycner & Jacobs, 1995, p.91). They further clarify that dialogical therapy contains both I-Thou moments and I-It moments. The I-Thou moment that is central to Gestalt therapy is not a thing we seek, but rather a moment or moments of grace in which we authentically encounter the other, and hopefully expand client awareness. “The dialogical requires a rhythmic alternation of I-Thou and I-It connectedness” (Hycner & Jacobs, 1995, p.92).

This emphasis on genuine encounter through dialogue provides an emphasis on the interpersonal connectedness between therapist and client. In this connection, therapist and client both contribute to the dialogue, and experience moments of connection and understanding. Mackewn expands on this idea stating that,

Dialogic relating, together with the process of relating (or contacting), is at the heart of Gestalt counseling and therapy. It provides the medium for the growth of awareness, learning, problem-solving, and self development. Your relationship with clients is not ancillary to the therapeutic counseling process but central to it. Dialogic relating can- and does- take place in silence, laughter or play as much as in words (Mackewn, 1997, p.80).

Dialogue, in both theories, takes place in the larger context of the intersubjective field,
the concept to be addressed next.

The Intersubjective Field

Finally, an examination of how each theory addresses the concept of the field follows. The concept of the field is a relational aspect of both theories that encompasses the other two relational aspects just discussed. Intersubjectivity theory examines and uses the field to accurately view the “two subjectivities in the system they create and from which they emerge- in any form of psychoanalytic treatment. Because of this focus, intersubjective theory also implies a contextualist view of development and of pathogenesis” (Orange, Atwood, and Stolorow, 1997, p.3). The emphasis on context is salient because intersubjectivity theory strives to understand the unique subjective experience of the client in order to provide accurate empathy and attunement.

Unlike other systems of psychotherapy, intersubjectivity theory acknowledges two subjective realities (client and therapist) and focuses on the interplay between those two subjective realities. “We cannot work within the intersubjective field and simultaneously step outside the field to describe it...from a God’s eye view” (Orange, et al., 1997, p.4). Rather, the intersubjective therapist remains in the field with the client, knowing that the two subjectivities work together to make sense of the client’s experiences and meanings. Thus, the intersubjective therapist uses the field to work with the client in a relational way, examining instances of transference and using a dialogic sensibility to make meaningful contact with the client. “The intersubjective field of the analysis, made possible by the emotional availability of both analyst and patient, becomes a developmental second chance for the patient” (Orange, 1995, p.56).

Gestalt Field Theory

Gestalt therapy emphasizes the field in a different way, using a philosophically based field phenomenology to understand their clients and increase awareness. As stated in the Gestalt theory section, it is comprised of the totality of all that is internal and external of the self. Like intersubjectivity theory, Gestalt theory acknowledges that the field is impacted by both the therapist and client, which again reinforces the relational, interpersonal nature of both theories. It is comprised of foreground and background, and is inherently dynamic. Within this field the dialogue takes place, and is where the therapist and client examine transference phenomena. The therapist needs to help the client attune to what is currently in the foreground of the field (what is figural) in order to attend to in-the-moment issues for the client. The Gestalt therapist strives for awareness of the “field conditions” of the client, and helps the client to do so also. The client’s field conditions will vary, and influence how the client regulates and attempts to complete figures (gestalts) in satisfying ways.

As therapists, we need to be alert to boundary phenomena that interrupt or otherwise disrupt contact, and attend to how the client negotiates their contact boundary. Mackewn also points out that “in a complex field, people often don’t have one dominant desire but experience genuinely competing values and desires and they are thus sometimes unable to resolve their desires but may seek acceptable and sometimes painful compromises in complex field conditions” (Mackewn, 1997, p.17). With this in mind, the Gestalt therapist must remain aware of the complicated, ambivalent nature of the field. Trust in the process of psychotherapy and the knowledge that what is figural in the moment is what is of paramount importance will keep the therapist and client attending to

and aware of the current field conditions.

Conclusion to Relational Aspects of Intersubjectivity Therapy and Gestalt Therapy

This review of some of the relational aspects of intersubjectivity theory and Gestalt theory has shown that the two theoretical perspectives dovetail at many points of inquiry. Both theories are concerned with the relationship between therapist and client, and both are aware of the interdependence and interrelatedness of client and therapist. Both understand how client and therapist influence each other and contribute to the field in which they work. And finally, both strive to enter into the client's unique, subjective phenomenology so that they can best help the client feel understood and more fully aware. From this it can be surmised that intersubjectively oriented therapy and Gestalt therapy can work together in a synthesized, integrated way, a point that will be fully articulated in the following chapter.

A SYNTHESIS OF RELATIONAL ASPECTS OF INTERSUBJECTIVITY THERAPY AND GESTALT THERAPY

As the preceding sections have shown, both intersubjectivity therapy and Gestalt therapy provide a humanistic, relational approach to treatment, though they often differ in terminology and emphasis. Moving toward constructing a partial synthesis of the two therapies, the literature on integrating aspects of the two theories will be reviewed and then expanded upon, utilizing three brief clinical vignettes from the author's practice to illustrate how the synthesis of these therapies might look. The literature review will highlight the importance of the self-object needs, the intersubjective self, the use of dialogue, taking a phenomenological stance with clients, and the importance of affect. The clinical vignettes appear throughout as illustrations.

Literature Review

The available literature on the subject of combining elements of intersubjectivity therapy and Gestalt therapy seems to focus most on how aspects of intersubjectivity theory and self-psychology can work with Gestalt theory to enhance Gestalt psychotherapy and make it more relational in nature. Breshgold and Zahm (1992), in their integration of self psychology developmental theory into the practice of Gestalt therapy, touch on several relational aspects of self-psychology and intersubjective thought. They see intersubjective therapy as a bridge between traditional psychoanalysis and Gestalt therapy, especially the developmental aspect of intersubjectivity therapy,

which is meeting the client where they are in their emotional development and understanding the history that has contributed to that. They posit that Gestalt therapy misses out when developmental theory is not utilized to conceptualize their clients. They do point out that what intersubjective theorists see as new theories,

are basic to the theory and foundations of Gestalt therapy. Importantly, this means that integrating self psychology developmental theory not only does not require changing Gestalt therapy but, in fact, psychoanalytic practice from a self psychological/intersubjective perspective is shifting psychoanalysis toward a viewpoint much like that of Gestalt therapy (Breshgold & Zahm, 1992, p. 64).

This viewpoint illustrates once again the relational, humanistic, non-pathologizing nature that Gestalt therapy and intersubjective therapy share.

Self-Object Needs

Breshgold and Zahm go on to point out how Gestalt therapy might be improved by integrating aspects of intersubjectivity theory.

As the Gestalt therapist maintains her focus on the contact boundary or offers the patient an experiment to increase awareness of an aspect of functioning she may be missing a more fundamental and basic part of the process which is how the patient is experiencing the therapist in terms of meeting or failing to meet the patient's self-object needs (Breshgold & Zahm, 1992, p.68).

In self-psychology and intersubjective thought, self-object needs are best defined as “the function another person, an object, or an event, serves in order to maintain, or further develop, a sense of self and self-coherence” (Stolorow et al.,1995, pp.16-17). Awareness of the client's self-object needs keeps the emphasis on the importance of the relational aspects of the psychotherapy. The focus on the contact boundary is fundamental to Gestalt therapy, and would be enhanced by attending to the client's self-object needs in a

truly intersubjective fashion. Since intersubjective thought and therapy emphasize the presence of the emotional history and experiences of both therapist and client (their intersubjective realities and how they interact in the therapy room), an integrated model of therapy must include attention to and awareness of this phenomenon, as well as attention to the contact boundary so important in Gestalt therapy. A brief clinical vignette follows to illustrate this point:

George, a 27 year old Caucasian male, presented for therapy as he struggled with coming out issues, especially telling his conservative, fundamentalist Christian parents about his emerging homosexual orientation. As a lesbian, out of the closet for many years, I felt a great deal of empathy for this client, as well as having a fair idea of what he was experiencing, since it was so close to my own emotional experience. However, I felt very aware of my responsibility to bracket my experience (Gestalt) while remaining aware of the similarity of our subjective emotional experience (intersubjective). Just because I identified as lesbian and came out to my parents at about the same age as George, did not mean that my emotional, subjective experience was the same as that of my client. My focus, then, was on maintaining sustained, empathic inquiry into his subjective experience and his self-object needs (intersubjective), while at the same time attending to the contact boundary between us as he related his emotional experience to me through dialogue (Gestalt).

What I noticed as he described his parent's emotional and negative reaction to his sexual orientation was the lack of affect present in his face and voice. After he had described their reaction, and his reactions to them, I said, "You know, I still have no idea how you *feel* about their reaction to your news. I can't tell from your face and voice how

this impacted you”. (According to intersubjective thought and the importance of empathic attunement discussed in the first section of this paper, I could have attempted to ascertain and name his feelings, helping him feel further understood. However, from a Gestalt perspective, I decided it was important to help increase his awareness of how restricted his affect was). He looked surprised at my comment and fell silent for a few moments and appeared to be thinking. He then said, “I guess I feel angry at them. I was disappointed in their reaction. I needed them to be more accepting, though I was pretty sure they would not be. I guess I have a lot of anger toward them and how they brought me up.” At this point he closed his eyes, and his usually restricted affect changed to an almost tearful one. After a pause, he then said, “I wanted to cry just now, but I stopped myself. I don’t know why. I remember when I cried in here a few weeks ago, it felt good to me (the client had cried two sessions previously, and had stated this was the first time he had shed tears in ten years). I said, “You know, when you cried with me in that session you gave me the chance to really understand your feelings about something. You *showed* me rather than telling me, and I felt closer to you then. I felt like you let me into your world.” The client’s affect changed significantly; he sat up straight in his chair, and said “Wow- I know that what you just said isn’t that profound, but I feel like I should write it down. You’re right- I don’t let people in. I don’t show them how I feel, and then I wonder why I feel so lonely.”

I asked him how his body felt at this point (Gestalt) and he stated that he felt much less tense, and “freer” and more energized in his body. He left the office smiling and thanking me. His self-object need was for empathy and acceptance of who he was in that moment, (intersubjective) and my awareness of those needs and how he was

contacting me as he told his story (Gestalt) provided a clear picture of where and how to proceed. His awareness of his emotional restriction was increased (Gestalt) and he saw how that had impacted his past and current relationships, including ours (intersubjective).

The Intersubjective Self

Gestalt therapist Jennifer Mackewn (1997) uses the idea of the intersubjective self to expand the paradigm utilized in Gestalt therapy. Gestalt theorists have debated for many years about how to define the self and the fact that it is not a structure, as self psychology would have it, but rather a dynamic process. Mackewn feels that “integration of the two views of self is necessary and possible” (Mackewn, 1997, p.76) and is compatible with both Gestalt theory and emerging intersubjective theory. She states, “The self is thus intersubjective- it is the process of contacting and relating. It evolves and grows through contact and assimilation of experiences with other aspects of, or people in, the environment” (Mackewn, 1997, p.73). With this construct in place, therapists are able to do what was described in the above vignette- focus both on contact and self-object needs. As Mackewn goes on to say, “The therapeutic relationship offers a crucible in which, with the counselor’s support, clients can study their processes of contact and withdrawal, discover who they currently are and explore who they may become” (Mackewn, 1997). The previous vignette was a small illustration of that process. This leads to a further discussion of the use of dialogue in therapy and how it serves to nurture the therapeutic relationship.

Dialogue

The literature contains discussion of the integration of another relational aspect common to both theories, which is that of dialogue. Hycner (1995) explores the

importance of dialogue in Gestalt therapy and how incorporating intersubjective thought enhances and expands Gestalt therapy. Hycner states, “Both a dialogic approach and intersubjectivity theory view healing as occurring *in* the ‘between’, or in the intersubjective field. This is in contrast to the often implicit philosophy of many theories that it is occurring intrapsychically *in* the client alone” (Hycner, 1995, p. 119). He goes on to say that both intersubjectivity therapy and Gestalt therapy are interested in, and involved in, human engagement. Intersubjective thought is enhanced by the philosophically-grounded dialogic idea, previously mentioned, of healing through meeting. As with many aspects of Gestalt therapy and intersubjective therapy, the Gestalt perspective is more philosophically grounded, while the intersubjective way of operating and conceptualizing is more psychologically grounded. Combining these two ways of thinking about human difficulties and interactions provides an expanded paradigm in which to treat our clients. Therapists can and should utilize themselves as instruments in psychotherapy, using I-Thou moments as catalysts to increase client awareness and solidify an emerging therapeutic relationship and the shared intersubjective field in which they work.

Phenomenological Stance

Hycner (1995) feels that the similar phenomenological stance of intersubjectivity theory and Gestalt theory is the most striking similarity between the two, a point that has been made in previous sections of this work. Both Gestalt therapy and intersubjectivity therapy strive to understand the client’s unique phenomenology (Gestalt)/ their subjective reality and experience (intersubjective). Both are “experience-near” in how they orient to doing therapy, intersubjective therapy delving into the therapeutic dialogue to understand

their clients explicitly from the subjective experience of the client (Hycner, 1995). However, Gestalt theory, according to Hycner, is more successful with the experience-near concept than is intersubjectivity theory. “Whereas self-psychology especially articulates the experience-near in the ‘transference’ situation, most Gestalt therapists would agree...that experience counts most. Clearly there are strong similarities between the two approaches” (Hycner, 1995, p. 162). The differences in these illustrate once again the difference in approach between the philosophical grounding of Gestalt therapy in field theory and a psychological grounding in self-object needs, responses, and emotions as the crux of intersubjective thought. Combining these two ways of conceptualizing human experience requires more of an internal, conceptual adjustment on the part of the therapist than any outwardly visible change; a therapeutic interaction would look very similar.

Hycner (1995) goes on to point out that Gestalt therapists tend to put greater emphasis on the actual experiencing in a therapeutic interaction of a client’s developmental struggles/deficits, whereas intersubjectively oriented therapists would put a greater emphasis on the meaning of the experience for the client. So, to be experience-near, combining intersubjective thought with Gestalt theory, therapists need to value the experience, the developmental stance of the client, and the meanings made by the client of that experience. This could play out in many different ways depending on the issue at hand. The following case illustration is offered as an illustration:

Kerry, a 21 year old Caucasian college student self referred to the University Counseling Center with a complicated and turbulent psychological history, including an early adolescent diagnosis of Bipolar Disorder, ADHD, cutting, physical and emotional

abuse by her mother and several high-school suicide attempts. She had been medication-free since age 18 (the time of her last suicide attempt) and was fairly functional and stable as a college senior. She presented with concerns about her interpersonal skills and her “bad relationships” and stated she needed help learning how to “be better” at relationships.

Our first session was marked by Kerry’s profound tearfulness, along with her extreme self-consciousness about the tears. She sat huddled in her chair, her hair covering her face, and apologized profusely for crying so much. It did not seem to matter that I attempted to reassure her that her tears were welcome (trying to meet her self-object need for empathy and acceptance). She was clearly mortified, and I wondered at the conclusion of the session if she would even return. The next week she came back, clearly determined to remain in control and spent the session bantering and joking very skillfully. Her ability to “hide behind” words was striking. I attempted to discuss the previous week’s tears with her to no avail- her deflection skills (Gestalt) were exceptional. During Christmas break, when I did not see her for several weeks, Kerry experienced an emotional break-down of sorts involving a former lover and several of her friends. This situation felt to her like an indictment of her lack of relationship skills- her mantra was “See, I can’t do relationships”.

She felt in crisis enough to utilize our walk-in system, which she did twice, seeing the same counselor both times. After the second walk-in, this other counselor approached me and filled me in on the story, knowing she was my client. He also told me that she had suggested to him that since he knew the details of this recent crisis, perhaps it would be “easier” if she transferred to his care. Aware of her defenses and deflection

with me, I suspected she was playing out her interpersonal patterns with me, with whom she had displayed extreme emotional vulnerability. At our next scheduled appointment, I brought up this issue, and stated, “If you want to transfer to Lee, that is certainly your right, but I want to tell you that what I see is the possibility of you repeating a pattern of fleeing a relationship that feels too intense for you. You came here asking for help to work on your interpersonal relationships, and I wonder what will happen inside of you if you choose to leave a relationship one more time.” Her guarded affect brightened as I spoke and after a pause she said, “Wow- this is the kind of therapy I want. I want you to challenge me and call me on my shit. This is great. I don’t want to change therapists now.”

Kerry’s response was experience-near, playing out our relationship in the room at that moment, but it was also powerful in that the meaning she made from this exchange (confirmed in a later session) was that I cared enough about her to challenge her, and from this she knew she could start to trust me, no small task considering her history. There was also the element of “healing through meeting” at play, as she realized in a small way that the simple act of seeing me once a week and attempting to be honest about her issues could somehow help her accept herself (paradoxical theory of change) and by so doing, could become the person she wanted to be.

Developmental Stance and Contact

Jacobs (1995), the other psychologist most active in the literature on integrating Gestalt therapy with intersubjectivity therapy, echoes the literature previously cited when she states that self psychology and intersubjectivity theory can influence Gestalt therapy “mainly in two areas: 1) They reinforce and enrich Gestalt therapy’s developmental

perspective on psychopathology and therapy. 2) They enrich Gestalt therapy's understanding of contacting- its phenomenology, its psychic function, and its vicissitudes- in the therapy process" (Jacobs, 1995, p. 130). These seem to be the relational aspects of both theories seen most often in the literature on integration of these two theories. A developmental perspective (intersubjective) added to a field-phenomenological stance (Gestalt) expands our conceptualization of the client and provides more ways of relating with and intervening for our clients. Understanding the self-object needs (intersubjective) of our clients that are necessarily parts of contact, as well as the many disruptions in contact (Gestalt) discussed in the Gestalt section, provides a fuller picture of the client and how the client understands and interacts with the world.

Empathic-Introspective Listening

The other area Jacobs feels is an important relational aspect in which to integrate Gestalt therapy with intersubjectivity therapy is "the introduction of the empathic-introspective mode of listening" (Jacobs, 1995, p.141). This skill is a crucial component of dialogue, without which dialogue as practiced in the therapy room is impoverished. As it was defined in the section defining intersubjectivity therapy, sustained empathic attunement, which springs from the empathic-introspective mode of listening that Jacobs cites, is the attempt to truly grasp and understand the client's perspective and experience from their subjective frame of reference. This treatment modality is, according to Jacobs, "entirely consistent with major tenants of Gestalt therapy. It is in keeping with the paradoxical theory of change which says that by identifying with the individual's current existence, growth and change occur" (Jacobs, p.142). This perspective also dovetails with

the Gestalt phenomenological approach which requires an attempt on the part of the therapist to fully understand and enter in to the client's unique phenomenology. A final case vignette follows as a small illustration of this way of interacting:

Ellen, a 24 year old Caucasian woman, presented to the University Counseling Center with complaints of depression and mood swings. Her affect was somewhat restricted, and she seemed to lack insight into her depression, and her feelings of dissatisfaction with her life, particularly her relationship of several years with her boyfriend Joel. After the first few sessions, in which Ellen spent most of the time discussing her frustration with her relationship with Joel, particularly their sex life, it came out that her mother was an active alcoholic all through Ellen's formative years, and was in fact, still drinking. This gave me some clues into Ellen's self-object needs (intersubjective), many of which had probably gone unmet for many years. I had noticed that Ellen did not seem to trust her perceptions or feelings, which is typical of a child of an alcoholic. I had also noticed Ellen's way of negotiating the contact boundary between us (Gestalt). She was wary, guarded, and avoidant of expressing any emotion except for frustration. I felt that the most important thing I could do as her therapist was to engage in an empathic, introspective form of listening (intersubjective), while at the same time wanting to help her experience her emotions, increasing her awareness of the fact that she had so many emotions (Gestalt). I wanted, through the paradoxical theory of change, to help her understand and accept how she grew up and how it affected her present relationships, including her relationship with me (Gestalt). Because I, too, grew up with an alcoholic mother, I was again, (as in the first vignette), aware of the similarity of our subjective experience (intersubjective), and at the same time, aware of the need to bracket

my emotions and experiences (Gestalt).

As the therapy progressed, I brought up the subject of her mother's alcoholism, and wondered how she had experienced that as she grew up. Though initially reluctant to discuss this, she was gradually able to spend some time in most sessions describing her experience of that. Through my empathic attunement (intersubjective) and use of dialogue and I-Thou moments between us (Gestalt), Ellen became much more aware of how her current relationship, and her way of perceiving herself in the world had been impacted by her history. By about the 10th session, she shed tears for the first time, and seemed able to experience a range of feelings previously cut off from her experience. I used my subjective experience not to self-disclose (which I felt would have done more harm than good), but to make self-involving comments such as "I feel so sad for you and what you went through when you were young". Hopefully, her self-object needs for empathy, understanding, and acceptance were met as our relationship grew and developed (intersubjective). She also grew more aware of what she really felt about Joel, her life, and her family (Gestalt), and started to trust and accept these feelings. This facilitated slow, small changes in how she encountered her world, and how she related to me. Through empathic attunement and an empathic-introspective mode of listening, Ellen was able to feel understood in the room and through the paradoxical theory of change come to accept how she grew up, how it had affected her, and how it impacted her present life and relationships.

SUMMARY AND CONCLUSION

This dissertation has attempted to show the efficacy of a theoretical integration of relational aspects of intersubjectivity therapy and Gestalt therapy. It started with the argument that theoretical integration offers an expanded treatment modality that may improve therapy outcomes and provide more satisfying interactions with our clients, and that an integrative approach to therapy “attends to the relationship between theory and technique” (Stricker, 1994, p.3). It pointed out that theoretical integration has become increasingly more utilized in the past thirty years, which has provided more effective treatment modalities.

The integration of relational aspects of intersubjectivity theory and Gestalt theory was chosen because of the similar philosophical underpinnings of both theories, and the humanistic, relational emphasis that both theories hold. After reviewing and defining each theory, concentration on the literature showed that the relational aspects of each theory included transference, dialogue/empathic-introspective listening, and the intersubjective field and field theory. It was also illustrated that both theories hold a similar phenomenological stance. Then the existing literature on integration of these two theories was reviewed and examples were given of how such integration might look. This integration of the relational aspects of intersubjectivity therapy and Gestalt therapy provides a view of how the two therapies complement each other and how, working together in an integrated way, may provide treatment that both values and acknowledges

the client's emotional history, meaning-making, and experience, while attending to the moment-by-moment interaction and behaviors in the therapy room. Through sustained empathic inquiry, awareness of client self-object needs, attention to contact and disruptions in contact, understanding of the developmental level of our clients, and artful use of dialogue and I-Thou moments, a mode of therapy exists that can offer more things to more people as they strive for increased awareness and wholeness.

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