The Philosophical Assumptions of Gestalt.

1. Philosophical Roots of Gestalt.

Gestalt is a therapy that has roots in two particular schools of philosophy:

PHENOMENOLOGY is the belief that phenomena (i.e. any event that can register in our awareness/anything that is observable) are more real than explanations or interpretations. It is the study of the world of immediate experience and the awareness of being - "I am". A phenomenon is considered important and significant simply because it is. Genuine knowledge is that which is immediately perceived therefore all immediate experience is valid.

EXISTENTIALISM is the belief that reality exists in the immediate present - the "here and now". It is based on phenomenological methods. In this view, we as people are constantly re-creating ourselves from one moment to the next - we are in a constant state of flux or change and no two moments in time are ever the same. Given this, new horizons are always possible!

Both of these philosophies - and therefore gestalt therapy - emphasise what is rather than what should be. Attention is given to the qualities of "1-ness" and "now-ness" i.e. what it is like to be me at this very moment. The therapy is with the perceiving (conscious/aware) person. Preconceptions (e.g. transference) exclude here-and-now reality and give rise to "dis-ease" such as anxiety, guilt, "inauthentic living", etc.

"Authentic" living means living in (as opposed to for) the moment - it is a state of increased awareness. It can be said that the therapy has three phases (although these are not necessarily discrete):

1) "This is how I am". A period of exploration, enhancing awareness of self, problems, etc. There is no expectation of or attempt to change.

2) "I am this way because I choose to be". I begin to take responsibility for my own thoughts, feelings, behaviours, needs, etc.

3) "If I am choosing to be this way, then I can equally choose to be another way". Choosing to relate to the world in healthier ways.

Gestalt is also a "(w)holistic" and a "humanistic" therapy. Holism means considering the whole person and humanistic means considering every person to be of value and worthy of respect. These beliefs apply equally to resistances, defences, etc. - therefore, a client is not criticised for being "resistant" or pushed to break through their own boundaries. Resistance is honoured as the survival strategy that it originally was and is worked with rather than against. Every client is considered capable of "self regulation" e.g. knowing what is best for them, what their needs are, etc. and so it is important that the client sets the pace of their own therapy.

2. Awareness and Dialogue.

It is now clear that awareness is both a primary tool of gestalt and one of its main aims (some would say it is the aim). Awareness can be facilitated using an endless variety of interventions and includes being aware of how we are in the world, what we do in the world and how we do it, how we stop ourselves from doing certain things and so on.

The other main tool of the gestalt therapist is dialogue (or "existential dialogic encounter") which means any exchange - verbal or non-verbal - between people who are in "contact"
with each other. ("Contact" is the basic unit of relationship and can be defined as "awareness of the boundary between you and me" or between that which is me and that which is "not- me").

In his book "I and Thou", the existentialist philosopher Martin Buber says of dialogue "'I' only has meaning in an I/Thou relationship". The American therapist Gary Yontef (GESTALT THERAPY: A DIALOGIC METHOD, The Gestalt Journal) expands on the theme of a dialogic or "I/Thou" relationship and proposes that it has five characteristics:

1) INCLUSION. Meaning unconditional empathy whilst maintaining a sense of self.

2) PRESENCE. The therapist self-discloses *discriminately* in the here-and-now thereby modelling "immediacy". This is also supportive for the client in that it gives permission for them to do the same. (It is this self-disclosure by the therapist that is the main difference between gestalt therapy and the psycho-analytic approaches).

3) COMMITMENT TO DIALOGUE. Yontef writes of how both people need to understand the nature of contact and that it cannot be made to happen by "trying hard" - rather it needs to be *allowed* to happen.

4) NO EXPLOITATION. As discussed above, this means honouring and respecting the client and going where they want to go rather than imposing on them external theories, ideas, expectations, etc.

5) DIALOGUE IS LIVED... and is any mode of communication between people.

### 3. Contact Functions and Support Functions.

The "contact functions" are our sensori-motor functions. Gestalt therapists pay attention to contact in the following areas:

1) SEEING. E.g. when does the client look at me or avoid looking? What do their eyes look like? What do I imagine that they are feeling?

2) VOICE. E.g. what does the voice sound like? How do I feel in response? What emotions might be in the client? Are they clear and concise or opaque? Do they ask questions? Do they use "I feel..." language? Do they generalise?

3) HEARING. E.g. are they hard or easy of hearing? Do they ask for repetitions? Do they hear accurately? Is it easy for me to make myself understood?

4) TOUCH/MOVEMENT/APPEARANCE. E.g. how do they present usually? Is this presentation congruent with how they say they are? Do they touch me? What do I feel if and when they do? Do I want them to touch me? How do they use their body in relation to space? Do they have supportive posture when standing/ using furniture?

In order to make contact, we need "support". Support can mean many things but the following are of particular interest to the gestaltist:

1) REPORTED SUPPORT. E.g. how does the client say they use support (particularly under stress)? Is there a social network? Is there unhealthy support such as substance abuse? Is this person oriented towards self support or are they likely to depend on others?
2) BIOLOGICAL SUPPORT. E.g. do they breathe fully? Are they anxious? How do they react to anxiety? Do they use tactile support? Do they eat/sleep/exercise healthily?

3) COGNITIVE SUPPORT. E.g. is the mind used to promote health or sickness? What does the client tell themselves about life or about other people?

The gestalt therapist is very much an enquirer, especially in the early stages of therapy. What is it like to be this person? Other questions that might be considered are: How would it be to be close to this person? What is the dominant feeling that I take away from sessions? How do I know if I am helping them? What problems might stop me from helping? What resistances are present? What "contact dysfunctions" are present?


1. RESPONSIBILITY. Therapist and client are considered to be responsible for themselves but also have specific responsibilities in the therapeutic alliance.

   Therapist responsibilities:
   i. Safety.
   ii. Knowledge of self.
   iii. Avoiding defensive behaviours.
   iv. Maintaining therapeutic atmosphere.
   v. Quality of presence.

   Client responsibilities:
   i. Behaviour. Must not hurt self or others or destroy property.
   ii. Safety outside of sessions. Self harm or suicide attempts are not responsible behaviours.
   iii. Producing material for therapy.
   iv. Honouring the contract e.g. time-keeping, payment of fees, etc.
   v. Whether to change or not.
   vi. Their general health.

2. CHANGE. Healthy change takes place when the person becomes more what they are ("self-actualisation") rather than what they should be. Change to meet the demands of the super-ego (the "introjections") are detrimental to a person's "organismic self regulation" i.e. their natural ability to grow towards better health. As Yontef puts it; "Forced change is an attempt to actualise an image rather than to actualise the self". A gestalt therapist avoids trying to change or "Rescue" their clients as these are assaults on the person’s ability to know what is best for them. It is important that the therapist trusts the client to do the therapy that they need to do, not what the therapist wants them to do.

5. Six Final Points.

1) Increased awareness is one of the main goals of gestalt therapy. That is to say, the client arrives at a place of knowing who and how they are in the world. This can be achieved by the use of experiments or by "dialogic encounter". This awareness is different from Freud's idea of the conscious mind in that it is very much an open system i.e. we can choose to be aware of any material within the reach of our minds and senses. According to Perls, the "unconscious" is simply anything that is out of awareness at any given time.

2) There are some similarities between gestalt and psycho-analysis in that both...
encourage the client to learn. However, (classical) psycho-analysts do this by interpretation of transferences and by encouraging transference by refraining from self-disclosure, thereby causing a vacuum or "transferential space" into which the client projects. Modern gestaltists do believe in and work with transference (as opposed to the pioneers of gestalt) but believe that transference will occur regardless of whether the therapist self-discloses or not. The client and therapist are collaborators in the venture rather than "doctor and patient" and it is from this that healing occurs.

3) Rather confusingly, both approaches use the term "acting out" but in gestalt this means to "consciously" take a course of action whereas in psycho-analysis it means to behave compulsively without awareness/ consciousness.

4) In gestalt, personal experiences are considered more important and reliable than interpretations.

5) The possible interventions used by a gestalt therapist are beyond number - anything can be done in a session - providing, of course, that it is ethical.

6) In gestalt, the "journey" is as important as the destination - for example, preoccupation with end results that exist in the future can detract from the richness of being in the now.