Introduction

The gestalt literature is replete with discussion of abstract principles. There are also articles that use the gestalt therapy attitude, gestalt therapy techniques, or one principle of gestalt therapy theory. What is also needed are articles connecting the major principles of gestalt therapy with clinical applications. This chapter does this with couples work. There are articles and books on couples, some within the gestalt therapy sphere, but what is needed is a discussion of how to apply the paradoxical theory of change, phenomenological exploration, dialogic relationship, and active experiment together in a clinical application. Moreover, there is a need to discuss how these principles are applied in working with couples as opposed to the individual therapy focus to which the principles are usually applied. This chapter starts to address this as yet unmet need.

This chapter will focus on how gestalt therapy principles guide work with couples. I will discuss how the principles of dialogic contact, awareness (especially the phenomenological method), and the paradoxical theory of change organize gestalt therapy work with couples and how these principles apply differently in work with couples compared to individual therapy. My approach is a contemporary relational perspective and includes a discussion of appreciation of differences, destructive couples’ cycles, and the importance of recognition of character patterns. I end with clinical examples.

Although I use heterosexual marriage language for ease of discussion, the principles are equally applicable to gay and lesbian marriages, married and unmarried couples, and “couples” of different arrangements, e.g., a three-person “marriage.”

Working with couples is a natural extension of gestalt therapy principles. It has been a most significant and satisfying part of my work for 45 years. Gestalt therapy principles provide excellent support for assimilating many observations and interventions suggested by writers such as Gottman, Wile, Schnarch, Johnson, and Perel. Making the adaptations necessary to do effective couples work illuminates the nature, variety and range of gestalt
therapy. The range of possible gestalt therapy approaches to couples can be seen by the very different approach to couples of gestalt therapists Michael Vincent Miller (1995) and Robert Lee (2007).

**Contact times four**

contact . . . is the simplest and first reality.

(Perls et al. 1994/1951: 3)

Gestalt therapy focuses on the immediacy of contact between therapist and patient. Organizing principles for a gestalt therapist are “meeting” the patient, clarifying immediate experience, making sense together of the patient’s life, and then experimenting (Yontef and Bar Joseph 2008). The paradoxical theory of change states that one changes by knowing and accepting oneself and not by trying to be who one is not (Beisser 1970). In accordance with this belief, the therapist does not aim for directed change but rather enables growth to emerge from dialogic contact, focused awareness, and phenomenological experimenting (Yontef 1998).

Dialogue in gestalt therapy is usually discussed in the context of individual therapy. But the dialogic principles of inclusion, authentic presence, and commitment to dialogue apply in all applications of gestalt therapy, including couples work.

In couples work there are simultaneously at least four relationships: There is the relationship of the therapist with each member of the couple, the relationship of the couple to each other, and the relationship of the therapist to the couple as a whole. The four relationships are always going on simultaneously. Good therapy work with couples requires picking an effective but shifting focus while establishing and nurturing all four relationships.

In individual therapy the therapist–patient relationship can receive prolonged attention, individual processes can be allowed to run their course, and this process can be a model or learning opportunity that the patient can apply in his or her life outside the therapy room. But whereas in individual therapy the important relationships in the patient’s life might be the subject of work in the session, in couples work a large part of the patient’s environment is actually present in the room. In couples work the marital relationship is present in the session and the application of the learning to the patient’s life starts right in the session.

The dialogic principles are the same in couples as in the individual. The therapist meets the patients to make sense together rather than a programmatic attempt aiming to make them different. Growth emerges from aware contact, dialogue, and experimentation rather than programmatically aimed at. The presence in the hour of the complexity, nuances, and difficulties in the couples system, the demand for a fix from the couple, and the
dangerous volatility that sometimes manifests, create a pressure for programmatic change that requires a sophisticated understanding of the basic principles for the therapist to adequately meet the demands of the situation and be supported by gestalt therapy philosophy.

The gestalt therapy attitude of creative contact and experimenting allows for a variety of styles. One style is to work exclusively with the contact between the partners in the room during the hour, exclusively focusing on the process of how the couple interacts. Even in this style, the therapist still must establish and maintain a relationship with each individual as well as with the couple as a whole. If the therapist insists on limiting focus to the interaction in a prescribed treatment sequence, it is a form of aiming at the therapist's preconceived view of a proper focus. This form of aiming may well miss the connection with one or both of the individuals in the relationship. This aiming by the therapist does not fully attend to all four relationships that must be a part of top level couples work.

My experience is that if this style is strictly adhered to, individual therapy for one or both of the couple may be required prior or concurrent with the couples work not only for the conjoint therapy to be effective, but also for it not to make the situation worse.

The strict interactive focus can be effective when the patients have the support to observe/reflect, to receive the therapist's observations on their process, to examine and be open with themselves and their partner about their vulnerable reactions, and are open to experimenting. But often the individual members of the couple do not have the skill or the personality organization to do this. Sometimes the partners are so bitter and hurt that they cannot fruitfully engage in the interactive approach. In fact, sometimes this interaction becomes destructive and makes the marital situation worse.

I prefer to mix work on the contact between the couple in the room here-and-now with work about their relationship out of the here-and-now and one-to-one work on issues arising from the interaction. This approach has more flexibility, can be more supportive, and the work can go deeper than a strictly interactive focus. Working with one in the conjoint session creates the opportunity to bring more understanding to what one person brings to the session, understanding what is triggered in the interaction, what one truly wants in the interaction, deconstruct how the person copes with these processes.

The mixed approach requires that the therapist understand the phenomenal experience of both partners, how the interactive system operates, and to spontaneously and flexibly shift focus and contact. Working with one partner brings both the opportunity and the necessity of also working with the other partner and with their interactive process.

This is an advanced perspective that is layered and complex. For example, work with one partner in conjoint session is influenced by the presence of the other. Some patients react with “good behavior,” or
opposite that, rage or fear preventing the kind of exploration that might be possible in an individual session. But sometimes the individual feels safer with the partner present and the exploration in the conjoint session is more effective than in an individual session.

Whichever of these individual and interactive processes arise, the therapist has to organize around all four of the relationships. As the therapist works with one, there is an impact on the significant other who is in the room. Working persistently, patiently, kindly with one party to get clear, and connected, practicing inclusion, giving voice to what is experienced, imagining the other person’s experienced reality, has an impact on the other member of the couple.

What is that impact? There are a wide variety of reactions. Sometimes the other is pleased because the spouse is examining his or her part in problematic exchanges and therefore feels less blamed and more hopeful. Sometimes the other is touched and has a loving response. Sometimes the other will jump to the defense of the spouse that they themselves were attacking. But sometimes the other is pleased because the therapist is now seen as placing the blame on the other – and glad that the spouse is being “picked on.” Of course, these all give a perspective on the system, and how the system operates outside the therapeutic hour, and is a basis for further exploration.

As one spouse works to own his or her previously unaware displacements and transference, a healthy move away from the old stuck system, the partner might not be able to listen without feeling blamed, needing to fix it, or even using the exploration of the other as an opening to attack. Sometimes the observing spouse will feel angry that the interactive time is being taken by the other, wanting the other to have their own individual therapy.

Contemporary advanced understanding requires the therapist to be aware and work with the complexity of the four relationships as they develop and change through the course of the therapy.

**Phenomenological attitude and the paradoxical theory of change**

Dialogic engagement is necessary for effective gestalt therapy, but not sufficient. A task orientation and methodology for working on the task are also necessary. The major task in gestalt therapy is working for awareness, including awareness of the awareness process. In gestalt therapy, contact is the relational vehicle for that exploration.

That exploration is organized by a phenomenological method. The aim is to help the individuals discriminate what they actually experience from what they habitually assume, guess, interpret, and were told to believe; to discriminate actual experience from mere verbalization.
How do we know what people actually experience? We know what people actually experience from the “work” of phenomenological exploration, i.e., focusing and phenomenological experimenting. It is not that the therapist knows and tells the patient what he or she “really experiences.” The work is organized around description in which the practitioner puts aside the certainty that beliefs, biases, thoughts, interpretations, and so forth reflect objective reality. This creates an opening for new awareness. In other words, the patients explore with therapist support and skill to establish what their actual experience is. The test of this is the patient’s own experience and not the interpretation of any other person, including the therapist.

Couples therapy is psychotherapy and what is revealed in the awareness work within the conjoint work often also sheds light on how the person functions in other contexts. The process of refining what one feels, observes, thinks, needs, senses, intuits applies in any context. As actual experience is clarified, communicated, and tested, behavior can be increasingly based on an aware sense of agency, a deeper sense of self and the world, with the person learning how to be more aware.

Appreciation of differences

Appreciation of differences is a central value in gestalt therapy and essential in healthy functioning. Differences between people are respected in gestalt therapy as a source of novelty and growth. In contemporary gestalt therapy with its clarification of relational epistemology and refined relational practice, respecting, valuing, appreciating differences is fundamental. Appreciation is central to dialogue. It is also a part of the open attitude of gestalt therapy phenomenology in which differences are accepted as valid phenomena. This is especially useful in cross-cultural contact (Bar-Yoseph Levine 2005).

This value is central in working with couples. If differences are not accepted, valued, the alternative is either unhealthy confluence or the demand for such. If the sameness is achieved, then the possibilities of excitement and growth are sacrificed. This would mean choosing the comfort and safety of confluence over the risk of intimacy, experimentation, novelty, excitement, and change.

Some of the vitality in marriages is the tension of complementary temperaments of the partners. But it is frequently also at the heart of marital discord. For example, what happens when a man of even and dependable temperament is together with a woman of passion? A happy outcome is a mix of his regularity and her variability. In the less optimal arrangement she uses her passion to put him down for his temperament and he puts her down for being hysterical and irrational. In one gay couple, one partner was an engineer and the other an artist, each functioning consistent with the
stereotype. A key to progress was each moving from a defensive attack on the other to appreciation of what they have to offer each other.

Optimally, the contact and awareness work results in an appreciation of differences, a respect for the validity of different perspectives, wishes, values. The therapist demonstrates appreciation of differences by equally valuing and confirming the phenomenal validity of both partners, i.e., not taking sides. In couples work the recognition of differences and awareness of the process of how the couple deals with differences is central.

In individual therapy the individuals with the difference are the therapist and patient. The therapist has the dual role of participant and facilitator. But in conjoint session, the differences between the spouses exhibits in the room and the therapist is facilitator. Intolerance of differences has to be explored and hopefully what emerges from the unpacking of the old gestalt is a new one in which differences are valued. If the particular differences between the spouses do not form a more acceptable system, the couple is likely to either be in a dissatisfying long-term marriage or divorce.

In older style gestalt therapy work, with its confrontive and cathartic emphasis, the paucity of dialogic inclusion, and a lack of emphasis on the therapist having his or her own therapy, there was more danger of the therapist subtly, or not so subtly, taking sides in couples work. A lack of sufficient attention to the four relationships often doomed the couples therapy in that style.

Aiming, e.g., to insist on a set model, either from a manualized approach or from a bias of the therapist, usually means neglecting some aspect of the four relationships and thus limiting the effectiveness of the couples work.

Destructive cycles

One of the relational patterns that must be effectively dealt with early in therapy is escalating negativity. The chain of events has to be interrupted so that the rapid escalation and its basis can be brought into awareness and possibilities of more fruitful contact experimented with. Often there are also issues of physical safety that necessitate early interruption of the escalating negative cycle.

Passionate, open, and direct fighting can resolve and result in establishing and keeping intimacy and positive passion alive in a long-term relationship. But the destructive escalating type of fighting, in which the deepest emotions are interrupted and in which each partner does not allow him or herself to be positively influenced by the other, does not have this positive result and over time often gives rise to a marital situation beyond repair. The alternative of suppressing the fighting often results in alienation, seething resentment, and passive-aggressive tendencies. The destructive escalating and the fight suppressing styles both predict either a long-term unhappy relationship or divorce.
Gestalt therapy methodology of awareness includes bringing into awareness interruptions of important thoughts, feeling, sensations, needs, and observations. I think of this as “interrupting the interruption” so that the patient can be aware of this process and thus be able to exercise choice. This therapeutic interruption brings the awareness process itself into awareness.

All through the destructive marital cycles there is self-interruption. There is often an interruption of awareness of feeling hurt or scared, interruption of knowing the intent to hurt the other, interruption of awareness of power, motivation, interruption of shame affect, and so forth. There are also interactive interruptions such as interrupting the other person when they are talking, paying no attention to the other, paying attention only to argue with the other, controlling by retorting, and so on.

Example

George and Bob repeatedly escalated from hello to rage; from what could have been a momentary lack of communication or awkward disconnection, their faces became flushed with rage and they stopped talking to each other. Resentment was in the air. How did it happen?

George: Came home from work, tired, stressed, not very responsive or talkative. This is not a rare occurrence. George does not appreciate the impact his mood and behavior has on Bob.

Bob: Takes this personally, but his self-image is that such things do not bother him, he is “thick-skinned.” He interrupts awareness of his deeper experience of rejection and not getting the love and respect that he needs. His responses are fueled by the out-of-awareness conflict between his desires and George’s state of mind.

Bob: What’s wrong with you tonight? (Attacking, angry tone.)
George: Nothing. (Sullen, unresponsive tone.)

Bob: You are in one of your moods again. (Sarcastic, tone is even angrier.)
George: And you are being a jerk again. You always do that. Can’t I get a few minutes of peace? (The name-calling is provocative to Bob.)

Bob: I just wanted a little contact. You are impossible.

As I helped George clarify what was causing his unresponsive state, Bob was a bit more receptive. I worked with Bob to get a deeper understanding of how he was affected, and this led to George being clearer about how important George’s love was for Bob and Bob telling George how much he loved him, ... which was very healing for George. The words and demeanors of both
were influenced by the deeper level of sharing that supported more awareness and vulnerability by George and Bob individually but also supported a pattern of being receptively influenced by the feelings of the other.

Character pathology

As in any psychotherapy, working with couples in gestalt therapy must take into account the organization of the personalities of the participants, especially those with borderline, narcissistic, or schizoid personality organization (Yontef 1993, 2001). The spouse of someone with a borderline personality organization may need help in understanding the often mystifying splitting process. “I don’t get it. Last week she loved me and I was the greatest. Today I am the devil. How can I believe she loves me when she then says that I am the devil?” Both partners need help in holding both parts of the split (Yontef 1993).

Examples

These examples illustrate how the therapist must relate to both individuals and to the interaction.

Betty and Carl. Betty frequently raged at her husband Carl both in session and out. My attempts to have Betty and Carl talk with each other and guide their interaction toward good relational practice were not productive. The interaction between them was too acrimonious; they both felt too injured, shamed, despairing, and overwhelmed. I recommended individual therapy for both of them. They did not follow that recommendation.

In individual therapy I might make contact with Betty at first largely via empathic reflections, giving voice to feelings, thoughts, and associations generating the rage. These might be fright, hurt, shame, guilt, etc. With time what hopefully would emerge would be a clearer sense of the core configuration, deeper awareness and motivation, support by the patient for real dialogue, support for experimenting with other ways of being, and so forth. This would take patience, and development over time, focusing on “objective” reality, e.g., if the spouse is really as unreasonable as the raging patient believes, could be postponed if indicated.

But, while Betty is in conjoint therapy with Carl not individual therapy, she needed me as she would in individual, i.e., to establish contact marked by
empathic reflection, to help her feel understood and accepted and to become aware of her core feelings. In the room with Carl, the person she is so angry at, she often does not feel safe enough to pause to allow the work we could have done if it were just the two of us in the room.

As I worked in the conjoint sessions with Betty, I was concerned with how Carl was affected. Did Carl feel neglected when the focus was not on him, that I was siding with Betty, or might he have been relieved and glad to be out of the spotlight – or firing line? Or, perhaps Carl might have taken it as Betty being “the problem.” He might be compassionate or on the other hand might use her vulnerability against her. I needed to be alert to these possible reactions.

Carl used any opening to establish his superiority, being right; he was often condescending and shaming. In the face of this, Betty did not feel safe enough to let down her aggressive defenses. In working with Carl in the conjoint session we were able to bring awareness to what turned out to be a shame process that he defended against by shaming others. Over some months of work, Carl showed more insight, became more reflective, and talked to Betty without the condescension and shaming.

In turn Betty was able to identify hurtful or shameful triggers in the interaction and bring this to Carl’s attention in real time in a way that he could hear. Betty often feels rejected and unloved by Carl. This has meaning in the context of her history of parental abandonment, abuse, and the resultant sense of being worthless and unlovable. Her rage covers a sense of impotence.

Carl was unskilled in recognizing and expressing emotions. While Betty wanted more, Carl felt threatened and tended to withdraw. This is a classic female-demand, male-withdraw pattern. Before our work, the angrier she got, the more he shut down, judged and criticized her; the more he judged and withdrew, the more ashamed and angry that she got. I interrupted this circular causality to share my observation and suggested experiments both in session and between sessions. We were able to successfully interrupt the circular causality and then the work on other aspects of their marital situation went much better.

The message here is that the therapist who works with one partner in the conjoint session has to observe, inquire, and work with the observing spouse while keeping in mind the couples’ relational process. In this work the therapist must be able to move between focus on explicating the underlying meaning of an individual’s behavior, the impact of the other on that person, and a focus with a wider lens in which the therapist observes and suggests observation and discussion of, and experiments, with the system as a whole.
Teri and Sam. Sam tends to withdraw, e.g., when he comes home from work. In the best of times he tends not to be very reflective or expressive of emotions or needs. Teri is more emotionally oriented and expressive. After being home with the children, and household chores, all day, she is hungry for adult contact. Understanding both of these individual subjectivities is rather easy. But how do they operate as a system?

Like Betty and Carl, their interaction manifests circular causality. Teri wants contact at the very time that Sam wants time alone. The more she demands, the more he withdraws. The more he withdraws, the more upset and demanding she gets. And so they escalate.

If both were well self-supported, and generally loving in their relationship, the specific problem of coping with the immediate entry of the working spouse into the household, a time in which commonly the house spouse is tired and the children difficult, could be handled pragmatically. But in the situation with Sam and Teri, as with many couples, this circular causality is not only in this specific situation, but recurrent and common in how they relate to each other.

For Teri, Sam’s isolating defenses not only leave her feeling deprived, but also it triggers an old shameful sense of being unlovable. She defends against this by her criticism and attacks on Sam. Sam feels not appreciated, under attack, and unable to give Teri the emotional connection that she desires. For him it triggers a resentment of being trapped and never appreciated for what he does. There is a deep sense of inadequacy, shame, about his inability to feel and be passionate and he also has a belief that if he were a “real man” he would not tolerate such treatment.

The therapist has to establish, maintain and deepen a connection with both Teri and Sam, while also relating to the system in which each feels victimized and each is also a part of the negative circular causality in which they are trapped. The principle is to engage and not to aim; to observe and make sense of how they interact; and to experiment based on what emerges from the contact and emerging awareness.

Unlike Betty and Carl, Teri and Sam were able to work by contact with each other. We observed the process together. We experimented. For example I suggested that as an experiment they acknowledge what they heard the other saying before they responded, and then saying how they were emotionally affected. Of course, this took some psycho-educational work. As they understood the basic idea of understanding each other and responding with how they feel, both Teri and Sam were open to be influenced by the experience of the other. In many couples they are not, and that unwillingness
or inability to be influenced by the other, to take the point of view of the other into account, becomes the focus for exploration. With Teri and Sam I suggested another experiment in which they could practice being in touch with their immediate experience, make here-and-now contact based on that awareness, and receive the same from the other. I suggested they move close enough to touch knees and talk to each other only expressing what they experience here-and-now and not asking questions. This was defined to include observations (not interpretations) and personal sensations, affect, desires, and imagery.

Harriet and George. George is a bright, intellectually oriented man that needs to be right, is rigid, pejorative, and abrasive in his mode of being right. This alternately makes Harriet angry, hopeless, depressed, and ashamed of not being able to deal better with George. I observe this in session. Exploration led him to become aware of an underlying shame process that his pejorative behavior kept out of his awareness. He also became aware that this behavior got him the opposite of what he wanted and needed. As this became increasingly clearer and his self-support increased, he realized that he also exhibited this pejorative attitude at work and this had alienated others and led people to be reluctant to promote him.

The awareness work has to include awareness at the level of interaction of the two, how the system as a whole works. Needed change that emerges primarily from the reflective/empathic work with each individual often gets sidetracked or overwhelmed, sabotaged by the interactions. George started to respond to the work in the conjoint session on his shame and shame defense, started to be open to getting his own therapy, was softening somewhat. As he did, Harriet’s long pent up anger erupted. Rather than recognizing, supporting, being pleased at the changes George was making, it provided an opportunity for her to lay into George and let out her long pent up anger. With that aggression coming at him, George reverted to his less vulnerable, more familiar, more aggressive mode. Soon they were doing the same old thing and getting the same old results. As I worked with Harriet at the level of her more vulnerable feelings underlying her anger, George was able to restore the gains he had made in the therapy and she was able to talk to him rather than at him.

Discussion

As in individual and group gestalt therapy, new behavior can be suggested as experiments. This gestalt therapy use of phenomenological experimentation enables active interventions and organized new behavior without the
therapist becoming an agent to programmatic, predetermined, or manualized change. If the therapist is really committed to phenomenological exploration, can explain and teach the phenomenological attitude, then the work on awareness in a dialogic and phenomenological mode can proceed. This requires treating whatever is reported or observed from the experiment as data that informs without judgment or demand to change. Difficulties can then be seen as phenomena worthy of exploration, data pointing the way to further exploration, rather than a resistance to the program, therapist, or change.

Gestalt therapy enables the blending of reflective talk, focusing, and experimentation. Often the therapist has to guide and teach, e.g., about the awareness process so that the patient can recognize the process of emerging awareness or active avoidance of awareness when these processes occur. Thoughts or feelings that otherwise get lost often come into awareness via phenomenological experiment. Sometimes fear, shame, guilt, anger come into awareness rather than the defense against these feelings. Sometimes softer, vulnerable more affectionate, loving feelings emerge.

With couples that talk without real contact, it is sometimes helpful to pose an experiment, e.g. the one I had suggested to Teri and Sam: Bring the chairs face-to-face until your knees touch, talk to each other just saying what you experience at the moment. No questions of each other, just here-and-now reports. If they agree to the experiment, and then can’t do it, this is valuable information. If they start, then we can observe what happens, observe the working of their process.

From this particular experiment I have had couples make soft and loving contact, cry, say “Hey, I didn’t know you felt that way,” and so forth. Sometimes what is learned, what I learn, is that my timing is off, this couple does not have some of the requisite foundational skills, or sense of safety, and that my emphasis needs to be slower, with smaller steps, and more support building.

What is important here is that we can work creatively through dialogue, focusing, and experimentation in the context of full attention to all four relationships.

Note
1 All clinical examples are composites of actual clinical work with several couples.

References


