

What the F*ck is happening with me? A Gestalt approach to psychopathology

1. Introduction

In this article, we like to share our enthusiasm about the Gestalt approach in psychotherapy and especially our experience in working with clients with psychopathology from a Gestalt point of view.

The traditional attitude towards psychopathology is, that the pathology is perceived as belonging to the client or the client system only. One perceives a clear boundary between the one who is healthy, of course, the therapist and the one who is 'sick', of course, the client.

Most therapists like this boundary and like to see them self as the healthy one in the relation, which implies of course, that the other one, the client must be the 'sick' one.

From this perspective, it is logic, that the therapist tries to be the objective professional, who keeps a professional distance to prevent him from becoming too much involved with the client. In this line, he will try to handle emotions he has during a session in a way that they do not interfere with the process of the client. These emotions are mostly perceived as possible counter transferences and should be handled outside of the therapy room, e.g. during a meeting with ones supervisor. Mostly, they are perceived as inaccurate, ineffective and as an interference in the present contact with the client.

The Gestalt approach, however, has quite another view on psychopathology and as a consequence of this, quite another approach.

Although, it is an individual who comes forward with a specific psychopathology, the psychopathology does not only belong to this client; it is a part of the interacting field of the client and his environment and according to that also a part of the interacting field of the client and the therapist.

In other words, psychopathology is not perceived as belonging to the individual client, but as the psychopathology of the relation or the situation. (Wollants, 2007 and Francesetti & Gecele, 2006)

This view is radically different from the traditional view on psychopathology, because, instead of starting from a dualistic approach to reality, the Gestalt approach starts from a principally holistic or dialogical point of view. It starts with the relation, the field and takes that as its' first reality to explore.

Based on this idea of the interacting field, the therapist per definition cannot be perceived as an objective, outsider, but is always perceived as an involved and in fact, co-creator of the interacting field of client – therapist.

Therefore, the gestalt therapist is not trying to be as objective as possible, but rather takes responsibility for his being involved, for his subjectivity and uses this subjectivity as a valuable tool or instrument in the relation with the client.

And this is exactly, what we like to explore and clarify in this article: what do we mean by the statement, that the therapist is part of an interacting field and by the fact, that we see psychopathology as psychopathology of this interacting field? And, if we go from that assumption, how can we work with this subjectivity in the relation with a client?

To answer these question, we will first write a few words about some basic Gestalt concepts, like awareness, field and the combination of these two: field awareness and connect these to the Gestalt perspective on psychopathology, as being a pathology of the field.

After this we will bring some examples of what a therapist can experience within the relation with a client and how this can be related to the actual psychopathology.

On purpose, we underlined twice the word can in the previous sentence. What a therapist experiences in the relation with a specific client is always very personal and in this way, we do not want to create the idea, that if a therapist experiences A in the relation with a client, this always indicates a specific psychopathology A or if a therapist experiences B, this always indicates psychopathology B.

We will just name some examples, with the intention to stimulate the reader to explore his own experiences and reactions and find out, to what kind of psychopathology his reactions might relate.

We do not provide a diagnostic manual, we only want to increase curiosity on this phenomenon and stimulate the therapist to explore and use what is happening with him in the relation with the client.

2. Gestalt therapy, some basic concepts

2.1 Awareness

One of the most basic concepts of the Gestalt approach is the concept of 'awareness'. Actually, it is the main goal of the Gestalt approach, to increase the awareness of the client¹ and at the same time, it is also the most basic intervention, sharing ones' awareness as therapist with the client. Therefore, we like to say a few words on this basic concept.

As Yontef states it: "Awareness is a form of experience which can be loosely defined as being in touch with one's own existence." (Yontef, 1993)

In other words, awareness is the ability to experience inner and outer sensations. It is not the same as perception, because it includes also the implicit physical experience (body awareness) as well as the perception of the environment (sensory awareness), as the awareness of our cognitive processes.

According to Perls, we can differentiate three zones of awareness:

1. The inner Zone: this refers to the embodied inner world, including subjective phenomena as visceral sensations, muscular tensions or relaxation, heartbeat and breathing, as well as that blend of sensations and feelings which is known as bodily affective states.
2. The outer Zone: this is the awareness or contact with our the outside world by using our contact functions (seeing, hearing, tasting, etc.)
3. The middle Zone: this refers to our cognitive processes, our memories, imaginings, fantasies and daydreams. (Joyce & Sills, 2010 and Man, 2008)

"The disadvantage of this conceptualization is that it risks creating the false impression of a division between internal and external experiences. Awareness is always holistic and all zones are interconnected and dependent on each other." (Joyce & Sills, 2010)

By being attentive to each of these areas we can heighten our awareness and increase our ability to relate with our environment.

"In healthy functioning there is usually rapid shuttling between all three zones of awareness with the middle zone functioning to facilitate awareness of what is." (Man, 2008)

Therefore, awareness is not only noticing the sensations, it is also realizing their meaning. Like David Man says: "Sensations are the raw data from which awareness emerges. To allow awareness to emerge we need to allow space for the full figure of the sensation to form (.....). A sensation or feeling does not exist in isolation but within a field of relations including other sensations and feelings. The relevance of the sensation or feeling for the individual experiencing will depend upon where it surfaces in relation to the their situation." (Man, 2008)

In other words, awareness is the spontaneous sensing of what arises within a person in relation to his situation. It is the "immediate experience of the here and now, which often starts with a physical sensation. However, it is also connected to an implicit knowledge of the situation. This is what we call 'field awareness'. We come back to that later.

2.2 Field theory

The field theory which was developed by Kurt Lewin in the first part of the 20th century, is an important keystone of the Gestalt approach. It is one of its roots.

What is the meaning of this concept, 'field' and how does it relate to a therapeutic approach?

During the First World War, Lewin discovered that a field² was perceived and organized completely differently than when there is no war.

A haystack or a ditch, which normally might be perceived by a young couple in love as a nice place to lie down and do whatever else, might now in times of war be perceived by a soldier as a possible hiding place, for him as well as for the enemy.

¹ In this article, we mainly focus on Gestalt psychotherapy, but we like to state here, that the Gestalt approach has also proven its value for organizational consulting, coaching and counseling. There too, the main goal is to increase the awareness of the other (manager, leader, team, etc.)

² The word 'field' here literally means a landscape

So because of these perceptions the young couple might run towards this haystack or ditch, while the soldier will probably approach it much slower and more carefully. His behavior is completely adjusted to how he perceives the situation, to how he is in contact with this field, just as the behavior of the young couple fits their perception of the field.

In both cases, the behavior of the people is related to how they perceive their environment and their perception is defined by the situation in which they and the environment find themselves. This phenomenon is exactly what Lewin tried to clarify with his field theory.

A field is a situational unit, bounded by time and space, in which all parts interact with each other and with the whole, and the meaning of the whole as well of all the parts can only be understood in relation to this interaction, to the whole field. Therefore every perception as well as every behavior, that comes from this perception, are also part of this specific field. Perception and behavior are defined by the field and at the same time, they are creating this field.

Here we see a nice polarity, which is so characteristic for a field approach to reality: all parts of a field are creator and at the same time, being created by the field they are a part of.

In other words: we are speaking of an interactive field, in which all parts have an essential contribution. The moment one of the parts is removed or changed, the complete interaction will change and so the entire field will change. At the same time, we can say that an activity of one part of the field can only be understood within the context of the field; after all, the parts are not isolated. There is a continuous ongoing interaction between the parts and the whole; both are creating and created at the same time.

This implies, that statements or descriptions about a reality can also only be done while acknowledging their relativity, because also these statements or descriptions are part of this ongoing process of interaction. One cannot step out of the reality, one is a part of.

Therefore, the observation and description cannot be seen as separated from the interaction in the field, it is part of this interaction. This means that the field theory implicates that any process of observing and describing of what is happening, always is an observation and description of the field 'person-environment' of which the description is a part. Therefore, the description is always subjective and can only be made in 'process-words' and even then can only be a partial representation of reality. This implication has quite some consequences for the approach of psychotherapy and psychopathology.

It means that also a psychotherapist cannot be a so-called 'outsider' who makes an objective statement or objective description of the client, the psychotherapist is part of the field 'client – psychotherapist' and all his observations, statements and descriptions are part of this field.

The field theoretical perspective implies a fundamental acknowledgment of the continuous and full involvement of the psychotherapist in the field 'client – psychotherapist' and that he can only understand this field from within.

2.3 Field awareness

When we take these concepts together, we can say that the Gestalt approach to psychotherapy is focussed on increasing the awareness of a client and therefore, the Gestalt psychotherapist as being a part of the interacting field 'client – therapist', and experiencing this field from within, will bring his awareness of what is happening in the field into the conversation, realizing that this is his subjective experience of the field. He will bring it in a phenomenological, non judgmental way, with the intention to invite the client to look at it.

Of course, the question is, how can we be so sure that this subjective experience of the psychotherapist will help the client, because, it is his subjective experience and maybe it says more about him than about the client!

First of all, this is totally true: the subjective experience of the psychotherapist says at least as much about himself as about the client. There is no way to deny that. However, the interesting fact is, that although it says a lot about the psychotherapist, it still, also says a lot about what is happening in the interaction with the client, about this field and therefore about the clients' interaction with his world.

To explain this, we like to use the metaphor of music instruments.

Imagine, there is a piano and a guitar in a room. If both instruments are well tuned, the moment someone plays the A key on the piano, the A sound will fill the room and after a few seconds, the A string of the guitar will start to tremble.

We say: "The A string resonates with the A sound of the piano".

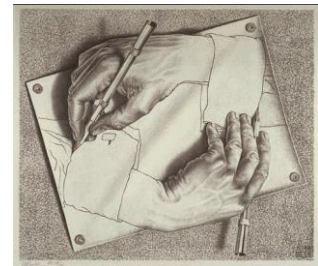
And if you look well, you can see, that only the A string does this, not one of the other strings.

The explanation is, that the A string, because of its characteristics has 'something' with this A sound and therefore, he relates to it and starts to tremble.

This is exactly what is also happening in the therapy room: the client comes in with a specific need and with his specific way of dealing with this need, which most of the times is related to what we call an 'unfinished or fixed gestalt' of him (see below). From that moment on, the room will be filled with the 'sound' of this need and this unfinished gestalt and the therapist will respond to it.

When the therapist, based on his specific characteristics (biography, personality, experiences, unfinished gestalts etc.) has a relation with this need or unfinished gestalt, he will start to tremble like the A string did. The stronger his connection with the need or gestalt, the stronger the trembling of course.

And, in fact, it is from this moment on, that the interacting field starts to occur: both client and therapist are creators and are being created by the field they create together. It is like the two hands of Escher: one hand draws another hand, that, in fact, is drawing the first hand.



When e.g. the client comes in with a need for acknowledgment, because he never received this from important others in his life, he will project this need onto the therapist: "You have to give me full acknowledgment". Of course, in most cases, he will not say this in a direct way, but will start to 'work' on the therapist with being very nice and helpful to him.

And now, the part of the therapist comes in: if this therapist always has had enough acknowledgment and has no negative experience with people who are pleasing him, he might stay quite calm, just noticing that the client is very friendly etc. He will not resonate on this 'sound'.

However, if the therapist has had his own negative experiences with getting acknowledgment in his life (past or present), there is a big chance, that the therapist will start to resonate with the topic and the attempts of the client: he might feel irritation towards the client or he might pity him.

Both reactions are possible; this totally depends on the specific client, the specific therapist and because of that, especially on the specific client – therapist interaction, the field.

And now, we come to a very specific characteristic of the Gestalt approach towards psychotherapy: From the Gestalt point of view, we do not judge this 'trembling' of the therapist, we rather welcome it, appreciate it, because it offers valuable information on what is going on in the field and in that way information on the dynamic of the relation.

This is totally opposite of the common approach to this phenomenon, which usually is considered as 'counter transference': as an unconscious reaction from the therapist, based on his unresolved issues from the past, which interfere with the present relation with the client.

From the Gestalt point of view, we do not deny that the resonance of the therapist might come from unfinished experiences from the past, but we do not see it as 'interfering' with the present. We rather see it as a very useful instrument or tool to bring more light on the present relation with the client.

2.4 Task of the therapist: taking the meta-position

Of course, this asks from the therapist that he develops his awareness on his resonances, that he understands his specific way of resonating in relation to what is happening in the field.

This is what we call, taking the 'meta-position' and working with 'field awareness'. The moment, the therapist can notice his own emotions, body responses or thoughts as a response to the field, he is in the meta-position, he is no longer identified with what is happening with him and he can start to explore it.

"What does it mean, that I feel so much irritation in relation to this client?"

Exploring, not in the sense of trying to explain it from his past, but exploring it in relation to what is happening in the relation with the client. And, of course, it probably also has to do with his past, but that is not the focus.

The focus is the present field with the client, where these emotions, body responses or thoughts are a part of.

By exploring his reactions in relation to the present field, he will be able to discover the possible function of these reactions and explore this with his client to increase the awareness of the client on these phenomena.

The therapist will not bluntly bring forward, everything he experiences in the field. He will choose or select, what is supportive to the process of the client. According to Irvin Yalom, we call this 'functional self disclosure'.

Functional self disclosure means, that the therapist first explores for himself, how his emotions, bodily reactions and thoughts are related to the field with the client. This leads him to the awareness of the field. Secondly, he will consider what part of this field awareness might be supportive to the process of the client. Only the awareness that can support the client in his process, is functional, is appropriate to be shared with the client.

In all other cases, the disclosure of the therapist will be too early, regarding the phase of contact or relation, or it might even be dysfunctional.

It is exactly the characteristic of an experienced and qualified therapist, to be able to adapt his disclosure to the needs, process and abilities of the client, because it asks for a subtle balance on the line of being confluent with the client, challenging the client to get out of his comfort zone and pushing the client over the edge into the stress zone.

Whatever approach or style the therapist develops in this, will of course, depend a lot on his own personality and preference and on how he judges the process and abilities of the client. Important in this is, that the therapist is willing to take responsibility for his disclosure and interventions, because it is based on his subjective awareness of the field.

3. Psychopathology, a Gestalt point of view

As we already stated in the introduction, in general, psychopathology is perceived as an illness that belongs to an individual or to a client system, like a couple (*folie à deux*) or a family.

The Gestalt point of view is radically different from this and in this chapter, we like to make this more clear.

In doing so, we will base our self on the work of Gianni Francesetti and Michela Gecele, A Gestalt therapy perspective on psychopathology and diagnosis (Francesetti & Cecele, 2006), and the work of Georges Wollants, Gestalt therapy, Therapy of the situation (Wollants, 2007)

In understanding the Gestalt view on psychopathology, it is interesting to look at the etymology of the word. Francesetti and Gecele describe this etymology as follows: "Etymologically, the word 'psychopathology' consists of three roots: 'psycho-', '-patho-', '-logy'. *Psyche*, meaning *soul* in Greek, derives from *psychein*: to breathe. *Patho*, from the Greek *pathos*: affection, suffering, derives from *paschein* (indeurop.): to suffer. *Logos*, in Greek: discourse (Cortelazzo and Zolli, 1983). Hence, psychopathology is discourse on the suffering of the breath, of something elusive, which cannot be confined within a stable objective form." (Francesetti & Cecele, 2006)

When we look at this description, it immediately becomes clear, that, based on this original meaning of the word psychopathology, just like the breathing is a clearly interactional phenomenon at the boundary of the human being and his environment, also, the suffering of the breathing, the psychopathology is a phenomenon at the boundary human being – environment. Although, it is the individual, who is breathing in and breathing out and therefore, the suffering might seem as only belonging to him, the suffering, in fact, is a suffering of the interaction individual – environment.

As Francesetti and Cecele say, this is a radical bifurcation. "We can focus on psychopathology as either the suffering of the individual or, alternatively, as the suffering of the interaction between the individual and his environment. This change of focus opens up two very different universes and two profoundly different ways of approaching psychological suffering." (Francesetti & Cecele, 2006)

In other words, psychopathology is not the suffering of only the individual; it is the suffering from the interaction, from, what Buber calls 'the in between', the '*Zwischenheit*'.

To quote Francesetti and Gecele again: "Returning to psychopathology, if we view such phenomena as emerging at the contact boundary, then strictly speaking it is not the subject that suffers. What suffers is the relationship between the subject and the world: that space which the organism experiences and in which the organism becomes animate. Psychopathology is the pathology of the relationship, of the contact boundary, of the *between*."

Therefore, from a Gestalt point of view, we do not perceive the individual with psychopathology as the 'sick one', but rather as a channel or representative of the suffering of the between of the situation or field. A clear example of how, the suffering belongs to the situation and not to the individual only, can be noticed in many psychopathology of children.

In many cases, the child is the representative of the suffering in the family.

"Children also very often cannot recognize and express their psychological suffering when the relationships they are a part of suffer. They cannot speak up and say 'I am suffering', but instead manifest physical disturbances or learning difficulties at school, hyper-activity or aggression towards their companions. However, if someone who can perceive what is happening at the contact boundary comes into contact with the child (or the family), he will feel the suffering that afflicts the relationship." (Francesetti & Gecele, 2006)

Actually, we can compare this phenomenon of the channel or representative, with the metaphor of the music instruments we used before: the A string of the guitar started to tremble because of the A sound in the room; it made the sound visible, although this string was not the origin of the sound. It just resonated and made it visible.

In the same sense, a child can resonate on the suffering in the family and make it visible; the child shows the suffering, shows some kind of psychopathology. And just like with the sound, the suffering is not only from the child, it belongs the situation.

To make this suffering more clear, we like also to quote Georges Wollants, who speaks of suffering or psychopathology of the situation and considers mental disorders as more or less fixed patterns of person – environment interactions that attempt to meet the demands inherent in a situation. (Wollants, 2007)

"Disorders arise when there is a poor fit between the developmental needs of a person and the characteristics of his environment, or between the developmental demands of the environment and a person's ability to satisfy these. To a greater extent than they are defenses, disorders are developmental strivings. A developmental perspective suggests that interactional disturbances should not be viewed as defenses; instead, they arise when a developmental process is carried forward in conditions in which it is hindered. Psychology is the study of the total situation." (Wollants, 2007)

"The core of every psychopathological disorder is a disturbance of the reciprocal relations of a person and his phenomenal environment (i.e., his world). The disturbance is related to the situation that the person and his environment continuously form together. It is certainly not a disturbance of the inner psychic structure alone. (.....) Even when a disturbance is related to a physiological defect (for example, brain damage), the defect affects the interaction of the person and his world. The disturbance of the person – world interaction is the real 'disease': his person – world interactions are impaired." (Wollants, 2007)

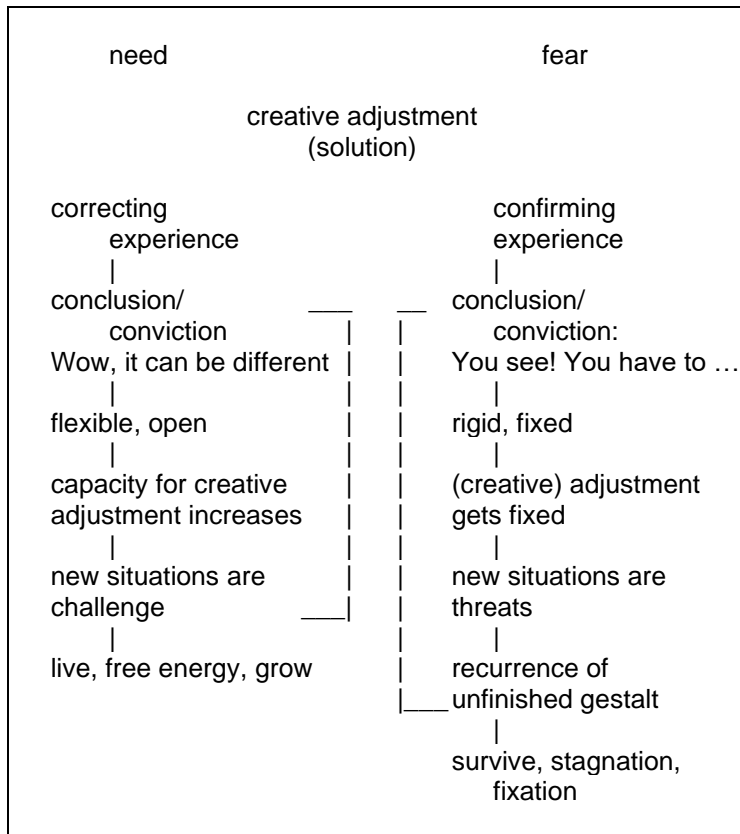
In this way, psychopathology is seen as an originally, best possible, creative adjustment from a person to his environment.

And like Wollants is saying, there can be concrete damages or illnesses in the person that will induce or increase the chance for psychopathology, because of not being able to answer fully to the demands of the situation, it is in the interaction with the environment that these preconditions develop into psychopathology. It is because of repetitive experiences, that the original creative adjustment becomes a fixed pattern or fixed gestalt.

At this point, we like to say a few words on how this process of creative adjustment and fixed gestalts takes place.

From the start of his life, every person, whatever his constitution, has to deal with his basic needs in relation to a specific environment.

When the situation enables the person to fulfil these basic needs, he will develop a healthy interaction with the environment. In general this is called a healthy personality.



However, because there are no perfect situations, some needs will surely not be fulfilled and some needs will even be blocked. If such a fulfilment or block is just temporarily, the person will learn to postpone his needs and in this way, learn to adjust flexible to the variation of situations. However, if the need is not fulfilled at all or blocked for a longer period of time, a person will become insecure and can develop fear. If the need is important, he will surely try it again and possibly in a more adjusted, suitable form. This, in fact, is a form of creative adjustment to the situation. If this adjusted form works better, he will probably use it again and as long as it works, it is functional for the person. In this way it has become his best possible way to deal with his needs within this situation. From here, two routes are possible: a more flexible, healthy route or a more fixed, unhealthy route. Let us look at both.

3.1 The flexible route

On this flexible route, the person has the privilege to have a so called positive corrective experience. This means that, in a new situation, the person experiences, his need to be fulfilled without the necessity of using the adjusted form, e.g. he spontaneously gets appreciation or love, without having to do anything, just being there is enough.

At first the person may have difficulty in understanding or trusting this new situation. He was used to the old situation in which the adjusted form was always needed and therefore, he might not be able to believe that he can do without it. However, the more this person experiences this kind of correcting experiences, the more he will trust it and possibly come to the conclusion, that situations can be different.

In this way, the person learns that it is not always necessary to hold on to the original adjustment. Situations can be different and can ask for a different approach. This helps the person to develop a flexible and creative way of dealing with his world. His ability for creative adjustment increases. From a Gestalt point of view, being healthy means, to be flexible, to be able to adjust creatively to the ever changing situations in life.

3.2 The fixed route

Now, if we look at the other route, the person does not have this privilege of having correcting experiences. Unfortunately, he rather has (many) negative confirming experiences, which will bring him to the conclusion: "You see, you have to ..." or "You better not"

And because of the repetition, this conclusion can turn into a fixed conviction, which is grounded on the negative experiences and the underlying fear.

The original creative adjustment turns into a fixed adjustment, a fixed pattern in life. And, eventually, this fixed adjustment will become like a self fulfilling prophecy, because it is exactly because of this fixed pattern that the person creates, what he fears most. E.g. a person with a huge fear of being abandoned will put so much effort in pleasing every one, that in the end everyone gets sick of him and all his efforts and will abandon him.

We like to underline here, that although, the fixed pattern most of the time is not in the awareness of the person, deep under, he is fully convinced, that this way of handling situations is the only possible way. In this way, the original creative adjustment, which felt so needed, has turned into a harness or armour in which the person has become a prisoner. This harness or armour, no matter how mutilated it may seem, is the person's best possible way to interact with his world or deal with his situation.

Therefore, we say, that most psychopathology, started as a creative adjustment to a demanding situation. Just like Freud once stated: "Many psychopathology is a healthy answer to an unhealthy situation."

And only, because of how life went on, the person was not able to let go of this originally, creative adjustment and got stuck in it. It has become his survival pattern, from which he defines every new situation and in other words: from which he contributes to the creation of the interacting field.

And in that sense, it is almost inevitable, that when one is together with such a person, one becomes part of this dynamic, one becomes part of this suffering of the interaction.

Especially, like we described before, when the other, i.e. the therapist somehow connects to this suffering of the interaction. Together, they resonate on each others' fixed gestalt and create an interacting field, which in its turn creates them.

And it is exactly, with the awareness of this interacting field, that a Gestalt psychotherapist works in his approach to clients.

Field awareness is the awareness of the in between, of what is happening in the relation client – therapist. It is not only awareness on the process of the therapist, neither only awareness on the process of the client. It is the awareness on the field of both client and therapist, it is the awareness on what is exactly happening 'in between' and it is an experiencing from within..

For a moment, the therapist will become fully confluent with the dynamic of the interacting field, to experience it fully, but the next step is, to take the meta-position. By exploring the meaning of what is happening with him in relation to the interaction with the client, he will gain more awareness on the situation. The next step is, to share this awareness with the client in a non-judgmental, supportive way, to enable both the client and him self to explore the field and see what is needed. In this way, the client gains more awareness on his way of interacting with his world, which consequently leads to more freedom of choice in how to interact in a more appropriate, in fact more fulfilling way with his world.

And exactly, this is the goal of the Gestalt approach to psychotherapy: to support the client in increasing his awareness on how he is interacting with his world, because this awareness automatically, will lead to change. Change in the sense of: living more fully; being more able to live and interact in connection with ones' own needs and feelings and the needs and demands of the environment.

In the next chapter, we will give several examples of resonances to the field and their possible meaning in the field.

4. What the f*ck is happening; examples of the resonance

4.1. Introduction and warning

As we already stated, every resonance is always a very specific resonance of this therapist and this client within this specific field. Of course, there can be overlaps and others can have a same kind of resonance with comparable psychopathology, but this still does not give us the right to make a sort of blue print on combinations of resonance and psychopathology. Therefore, we do not want to build up a sort of new DSM, the DSM 6, with criteria and labels, in which we connect specific kinds of resonances with specific kind of psychopathology.

"If you feel at least A, B and C then it must be a client with" or "The characteristics of a client with is that the resonance should at least include emotions like and/or bodily reactions like"

The Gestalt approach is in fact opposing this kind of labeling, because, one of the basic attitudes of the Gestalt approach is to be open and curious and willing to explore, this phenomenological attitude. Staemler puts it like this: "We assume, the basic attitude of a therapist who works with a

phenomenological-experiential approach, is to be of a cultivated insecurity, a desired ignorance". (Staemler, 1997)

What we offer here, are a few examples of resonance as we have experienced them in our contact with clients and we only hope, that these examples can stimulate the reader to explore his own experiences to see if he also recognizes some typical resonances for himself.

Therefore, with every example, first, Frans Meulmeester as the leading author of this article will describe his experience in relation to a specific interaction and then, secondly, Eric Cuyvers as co-author will describe shortly his experience.

Again, we hope, that this will stimulate others to explore their experiences and share them with colleagues to increase their awareness.

4.2. Confusion and alienation as a possible indication of a psychotic field

It is already late when my new client arrives. His appointment was originally at 16.00, but it is already 17.00 when he comes in. He did call me to say that he was late, but it was not clear why.

He really drops in the room and starts to talk about what he is going through and that he needs some help to clear it out. He speaks about his work and the conflicts he is facing there, about his family and the problems they are facing with the children, his friends and how sorry he feels that he cannot spend more time with them and about the political situation in his country and how everybody is suffering there. All the time, he speak fast and makes a lot of gestures with his hands to underline what he is saying.

I do my best to keep up with him and understand what he tells me, but in fact, I get more and more confused.

At one hand, it all makes sense what he is telling me and on the other hand, I don't get it. Is it because I am tired at the end of the day or is it that I am not really open for him, because he was one hour late? Switching between focusing on my inner awareness and my confusion and on him, I start to wonder if we are in the same film.

Just at that point, I recognize this experience from before: being with a client and getting more and more confused and having the same idea of being in a different film than my client.

In that case, it became clear, that my client was in some kind of psychotic phase and I referred him to a psychiatrist for further diagnostic.

Finally, my client takes a break and a breath and stops talking for a moment. In this moment, I try to summarize what he is telling me, but also express my confusion. I ask him if he recognizes, that people around him sometimes, get confused by his talking.

He admits, that it is sometimes difficult for other people to catch up with him; he has so many ideas and so much to tell, that he realizes, it can be overwhelming to them.

And, before I know, he is off again; as a Formula 1 racer, he has left the pit stop again and is back in the race.

By staying with my awareness, the confusion and alienation, I was able to explore it and give meaning to it in relation to previous experiences and in relation to what was happening here and now in the field.

The other possibility of judging my confusion and blaming myself for being too tired, would have dragged me away from the here and now process and from this client and would block me from exploring the interaction.

For me it has become clear, that signals of confusion and alienation in contact with a client can be an indication of a psychotic field.

The experience of Erik in this kind of situations:

In a psychotic field I am disorientated. I search ground and feel anxiety for alienation. I need contact and would like to find a bridge between me and the client. Building fore-contact en grounding is the major priority. I do that by recognizing the experience behind the behavior of my client and stating my awareness. In this way, the client can meet a real person and feel contact. In the example above the speed and excitation become immediately foreground for me and as a first reaction, I'm holding back, stand still, and be quiet. I, actually, take the other side of the polarity, of what's going on with the client. Where the client is almost manic, I become almost retarded. I usually help the client to become aware of this polarity in our contact.

4.3. Naivety as a possible indication of a psychopathic field

Karin, a young Gestalt psychotherapist, at the beginning of her career came into the supervision group with a new client. She had seen this client already for a couple of times, but was now wondering if she was doing the right thing.

Actually, this client was a colleague from her, from another department in the office where she worked part time as an HR consultant.

One day, at the coffee machine, he was asking her if it was right that she also worked as a Gestalt psychotherapist. She confirmed this, and he asked her, if it would be possible for him to have some sessions with her.

Because, she was not in direct contact with him or his department in the office and because, he seemed a nice, not very complicated person, she agreed on doing an intake with him and based on the outcomes of this intake, she would decide to go on with him or refer him to another therapist if he wanted that.

During the intake he told her that he had some problems at home with his girlfriend and that he wanted to look into it, to be able to handle it better. His girlfriend sometimes complained, that he was not taking her serious and he regretted that.

So, based on the outcome of this intake, Karin decided to work with him and they worked a couple of sessions on his relation: he got more awareness on his own feelings and on his way of communicating and she had the impression that he was really working on it at home. At least, that was, what he was telling her.

But, somehow, Karin also had the feeling that she could not really get grip on the situation, as if she missed something in the contact. Of course, it all went very well and he was very satisfied with her way of supporting, even complimented her for her wonderful work and stillit all sounded too nice.

And, already for a couple of moments, she did not feel at ease, when he was with her. Maybe, it was his way of smiling, or And even, for a moment, she had the idea that he was flirting with her.

She did not understand it and actually, got more and more irritated by all her doubts about him and her work with him. She decided to bring it in, during the supervision.

During the supervision meeting³, Karin could not tell us more about it and actually stayed with this “and stillor“

We all know Karin as a well qualified, intelligent therapist and normally, she is always the one with the most clear awareness and therefore, we were surprised now by her ignorance and maybe even naivety in this situation.

Because, all the others in the room had almost the same awareness: tendency to withdraw from the situation, feeling that someone is pulling them a leg, is playing with them, etc. Some even felt anger and disgust towards the client.

When we shared this with Karin, in the beginning, she did not understand, what was coming at her. She was surprised and in a way shocked and at the same time, she confessed, that by moments she had the same feelings towards her client, but repressed them, because she could not understand them and did not feel well with them.

In sharing and exploring our awareness of the situation, it became more and more clear that most of us had the idea, that Karin was possibly dealing with a client with psychopathic characteristics and that she had become part of the psychopathic field that was created by both of them. And it is exactly the polarity of a psychopathic field that one person is at the one pole of having a hidden agenda and hidden intentions, the manipulator and the other person, almost automatically, will take the other pole and become naïve and easy to manipulate.

It was clear, that Karin had moments of hesitation and even suspicion, but did not trust these feelings enough to stay with it, to explore them. But, actually, that is part of this field too, that one starts to ignore or diminish his own feelings in contact with a person with these psychopathic characteristics. In the supervision group, we took the time to stay with it and to take these so called negative and for a therapist maybe unacceptable feelings like anger and disgust towards the client serious. In that way, we could explore the field and get more awareness on what was happening in the relation client – therapist.

In this way it became clear to me that signals of getting naïve and/or diminishing or ignoring ones' own feelings in contact with a client, can be an indication for a psychopathic field.

³ Typical for Gestalt supervision is, that we work with the emerging parallel process in the supervision group and explore these merging phenomena, because they offer very valuable information about the field of the therapist – client. (see e.g. Melnick and Fall, 2008)

The experience of Erik in this kind of situations:

In a psychopathic field, I'm mostly more than usual aware of my moral or ethical standards. I also experience the polarity of having sadistic thoughts and at the same time very innocent, naïve thoughts. When I do share this with my client, most of the times, he recognizes it. Next, I can also experience the polarity of being powerless and being in power in contact with the client. Sometimes, I even experience rather 'false' feelings of being in control and then I notice thoughts like: "I can change this person into a person with higher moral standards."

4.4. Struggle for power as a possible indication of a narcissistic field

Like so many times, also today, Fritz called me at the last moment to cancel his appointment. Something had come in between and he could not come. And like many other times again, one or two weeks later, he calls me at nine in the morning, to tell me, that he needs an appointment today. When I tell him in such a moment, that unfortunately, there is no possibility to meet that day and the first possibility is the week after, he start to insist that he really needs it, because it is a mess and that he finds it hard to understand, that I do not see the urgency of the situation.

"You know, how urgent the situation is for me. You are not very empathic, when you do not understand how important it is for me, to see you now. Don't you plan some spare time for crisis situations?" And, again, he makes me clear that I am disappointing him as a professional.

I notice, that I have to do my utmost best, not to go into a discussion or fight with him. My irritation is way up high and I judge myself, for my growing resistance towards this client.

During a supervision moment, I can hear myself say in the group: "I just want to make him understand, that he is not my only client and that I am not sitting all day on the sofa doing nothing, just waiting for him to call me."

I can hear the tone of my voice and it is clear, that I am irritated: "Who the hell does he think he is?!!!" And, it is not only irritation that is there, we are both caught into a struggle for power: "Who is the one in charge here? Who is the one in charge of MY agenda?" I also notice a strong tendency to make him clear, how much I am already doing for him!!!

The moment I realize this, I feel shame and I am aware of my judgments on the client and the lack of compassion and openness.

It is clear that we both are part of a narcissistic field, we have created together and that I am as much as identified with this field as my client.

At the same time, this moment of realizing the identification, helps me to step out of it and helps me to regain the meta-position again. Right that instant, I can feel my compassion towards the client again and it helps me to realize his fear, which brings him into this survival mode.

At first, I was overwhelmed by the attacks of my client and I went straight into the identification with my own narcissistic wound. It took me some time and supervision to be able to step out of it and getting aware of my wound and at the same time of the narcissistic wound of my client.

Instead of staying in the fight, I was able to look beyond the fight, beyond the narcissistic appearance of my client and see his fear that increased his narcissistic tendencies.

In this way, it became clear to me that signals of being in a fight for power and/or signals of feeling being pushed down, humiliated etc. in contact with a client, can be an indication of a narcissistic field.

The experience of Erik in this kind of situations:

Next to what Frans is describing, I experience the polarity of 'being small versus being big', 'being unimportant versus being important' and often I notice, that I am trying to avoid shameful confrontations with the client.

4.5. The topic of boundaries and feelings of incompetence as possible indications of a borderline field

And again, just at the very last moment of the session, Susan starts to speak of an important topic, this time of her fear for death. She had an intensive dream last night in which she saw her mother die in an awful way and it made her very sad. She woke up in tears and now, when she speaks of it, the tears come up again.

I hate these moments, where at one hand, I want to close the session, because we are already late and at the other hand, there is my client, who is going into a process, that cannot be interrupted. Do I stick to my boundary or do I loosen up and give her some extra space? I feel myself again, the strict father who had difficulty in letting go of my boundaries in the time that the children were young. I can hear the discussion between my wife and me on this topic again in my head: "You're too strict with them." "It is possible, but you are not consequent. The children need to know where the boundaries are."

I feel like sitting on a horse, keeping the reins tight or even too tight, while the horse actually wants to enjoy his freedom and run.

For a moment I am distracted from Susan and imprisoned in my doubts and feelings of guilt about being too strict. However, I also realize, that this is not the first time, that Susan is doing this: right at the very last moment of the session bringing a topic that is too big to handle in five minutes, but on the other hand, too important to stop or postpone to a next session. As usual, I feel caught in a prisoners' dilemma.

At that moment, I realize, that this is exactly what is happening all the time in my contact with Susan. Whatever boundary I try to bring, she will somehow try to get beyond it. When she asked me if it was possible to write me an email sometimes, I agreed, but soon, this 'sometimes' became five emails per week and again, I had to make the boundary clear, I had to be the tough, strict guy. More and more, I start to realize that Susan might have characteristics of a borderline personality disorder and as a consequence of that, we are both trapped in a borderline field, where we dance at the boundaries.

By staying with my awareness, my feelings of doubt and guilt, it helped me, to des-identify from these feelings and the memories that came up with them and to be able to give meaning to these feelings and memories in relation to what was happening between me and my client, in relation to the field. In this way, I have noticed that signals about boundaries and feelings of doubt and guilt in relation to a client can be an indication that one is part of a borderline field.

The experience of Erik in this kind of situations:

I recognize this fumbling with the boundaries and how difficult it is for me, to take the meta position in such cases. And, I feel very strongly, the fear for abandoning my client and being punished for that by my client, if I keep strict to my boundaries. This fear of being too strict, is something I also experience in relation to my degree of self-disclosure in such cases: either, I am totally locked in or I share far too much.

4.6. Becoming the actor in a role play as a possible indication of a neurotic field

Sofia enters my practice and my first impression is: "Wow, what a nice looking girl!" I even get myself caught on thinking, that she looks quite sexy. At the same moment, I feel embarrassed for having these thoughts. Fortunately, Sofia does not notice it and she introduces herself by telling me her name, giving a warm hand and a nice smile. Again, I notice that I am almost at a point of a 'melt down'.

We sit down and Sofia starts to tell about her issue. She feels unhappy in her life in the moment. She just finished her relation with her boyfriend, because she had the feeling, that there was no space left for her anymore. She knows her pattern in this: in the beginning taking a lot of care for the other and giving a lot of space until, there comes a moment, that she has taken all responsibilities and work upon her shoulders and left all the freedom to the other. She hardly has any space left to breath. This happened already several times with her.

While listening to her, I notice how she moves her hands and head very gently and charming during her talking and it looks almost like a dance.

The moment, I suggest to make some tea for us, she stands up and suggests that she will do it. I am surprised, because it never happens, that a client during a first session already feels so free to suggest to make some tea or to take care of me this way. However, I tell her that I will do it myself and go into the kitchen. Surprisingly, she comes after me and starts telling me about her last holidays, where she was in a kitchen like this and how much she liked being there. She compliments me for the decoration of the kitchen.

I notice, that while she is telling me this, she comes standing close, not in an offensive way, but more like very close friends or even intimates and I feel that I have to withhold myself from touching her or even hugging her. For a moment, I am totally confused and uncomfortable by this idea or impulse and

start to wonder what is going on. Am I getting obsessed with intimacy or sex, that I already want to touch my female clients? Am I projecting or is she really very sensual in her behaviour? However, after this first reaction, I try to explore my awareness. I can clearly feel the sensual or even sexual energy that is in the room. At the same time, I hear her talk about taking care and giving space to others and not having her own boundaries clear. I wonder, if this is happening here too. Is this her way of creative adjustment, her way of getting acknowledgment and appreciation? By occupying myself with these questions, I actually move away from my discomfort and go into the safety of my thinking
I decide to wait a while before bringing all this awareness up in the conversation. First, I want to see, how our work will develop in the upcoming sessions.

As usual, my first impulse was, to judge myself for wanting to touch her and for having these erotic thoughts about our contact. This judgment immediately created the confusion, discomfort and embarrassment, and my move into my thinking was a nice way to distract myself from that. At the same moment, I got aware of the connection to the field. If these impulses and thoughts come up with me so quickly in our first meeting, what does that say about the field. Normally, I never have such a strong reaction or feelings towards clients. Therefore, it is clearly related to the field that Sofia and I created. It is well possible, that this is the way, Sofia gives herself away in an initial contact.

By reflecting on this situation, it became clear that what is happening here, is very typical for a neurotic field, a field that is organized by unfulfilled needs and creative adjustments in relation to these needs. The need of the client that is not fulfilled, will organize the field. Actually, the client will try to fulfil the need in the way he or she did this in the past and I become an actor in this role play of life, in this life script. So, feeling caught into a role play can be an indication of a neurotic field⁴.

4.7. Emptiness or loneliness as possible indications of a depressive field

I have seen Olivia already for more than three years now and during that period, she visits me about once every two weeks.

Olivia has a hard life. Because of some physical problems and handicaps, she was not able to continue her work as a nurse anymore. Besides that, she is dealing with a huge tiredness, which also restricts her in taking part of or enjoying daily life activities.

Most of the time, she is in her own apartment, playing games on the computer or watching television and smoking a lot of cigarettes.

When we speak about her situation, she does not complain, but many times expresses, her emptiness and lack of motivation. She does not understand how other people with a handicap are able to enjoy life. She only experiences restrictions.

She has tried already so many things and so many times to change her life and sometimes she is able to make a small shift, but most of the times, after a few weeks or months, she falls back into her lethargy.

She also regrets that she does not have a partner or close friend. There is no one to share her feelings or experiences with. There is only her brother in law, who sometimes comes by, but already a couple of times, he has try to touch her or hug her and she did not know what to do with that. She does not like it, but she is so afraid, to say: "Stop" to him.

While listening to her, I sometimes wonder, if she would need some kind of anti-depressives, or sometimes, I am even thinking of referring her to another therapist or to a psychiatrist. I do not feel qualified enough, good enough to support her. However, when I am very honest with myself, I have to admit, that actually, I cannot stand it anymore. I want to get rid of her. The fact that nothing changes, the fact that Olivia is still struggling with all these problems and handicaps. And, the emptiness and loneliness, that I feel in contact with her, are by moments so overwhelming, that I just want to run away from it, run away from Olivia. And, in such moments, I feel guilty towards Olivia. Guilty, because I am not able to stay with her, guilty because I cannot change her life.

When I speak of Olivia during a supervision moment and the supervisor asks me, how I feel about her now, I start to cry and feel a very deep sadness and loneliness. I am in touch with the total lack of perspective, the emptiness, Olivia is facing in her life and I am in touch with how I am facing this

⁴ This kind of dynamic is usually called transference and counter transference and as we stated in the beginning, it is often regarded as interfering with the present contact. However, and we repeat, for a gestalt therapist, this is very valuable information on the interaction in the field. We will use it as an instrument to increase awareness.

emptiness too during our meetings. It becomes more and more clear to me, how sad Olivia is in her life.

It became clear to me during the past years that the moments, I am considering of referring a client to a colleague, because I do not feel competent enough, it sometimes comes from my own feelings of impotence of not being able to stay with the client in this total lack of perspective, this deep shared emptiness. In that sense, I realized more and more, that this awareness, can also be an indication of a depressive field.

The experience of Erik in this kind of situations:

In a depressive field, I mostly experience a loss of meaning and at the same time a loss of motivation and energy. In a way, I feel paralyzed, being stuck in feelings of impotence, guilt, hopelessly etc. I end up in silence.

4.8. The cramp of the starting therapist as an indication for a demanding field.

During one of the supervision sessions, Peter wants to look into the 'cramp' he experiences during working with his clients. Peter is still a student in the Gestalt therapy training and has just started to work with clients in his own practice. However, it must be said, that Peter already has about 40 years of experience as a coach and trainer.

Peter tells the group that he can hardly enjoy the work as a therapist, because he is constantly wondering, if he is enough aware of what is going on, if he is doing the right intervention, if he should not use more specific gestalt techniques, actually, if he is good enough to be a therapist.

When I ask Peter to identify with the coach in him and to explore what he might say to himself as the starting therapist, he is not able to go along with that intervention. Actually, I notice that he is not able to look at the other chair, where we put himself as the beginning therapist.

So, we take some time to explore this aspect of the field: Peters' inability or resistance to accept himself as being a beginning therapist.

He is able to see, that this aspect surely plays a role in working as a therapist in the moment.

However, when I ask him what kind of clients he has now and if it might be that he has some clients with high expectations, he suddenly realizes that especially this one new client, is putting him on a huge throne and has very high expectations of him. The client is in a very difficult situation and dealing with very intense existential questions and Peter feels at one hand very responsible and at the same time almost strangled by the high expectations of this client.

He understands now, that this client with his expectations triggers Peters' doubts and insecurity of being a starting therapist, and in this way, the both of them create a demanding field with high expectations and according to that, high fear for failure.

At first, Peter was totally identified with his cramp and was thinking of going into therapy again to work on this 'old fixed pattern' of him. However, by exploring the meaning of the cramp in relation to the interaction with the client, he became aware, that his 'cramp' actually gave him a lot of information on the demands, that are present in the field.

Especially, when we have high expectations of our self, we are very vulnerable for the expectations of the client. We easily go back into our own old unfinished gestalt. However, the moment we are able to be aware of this and are able to give meaning to our old unfinished gestalt in relation to the present field, we can get out of the identification and can use the awareness in the relation with the client.

The experience of Erik in this kind of situations:

I immediately recognize this feeling of being the savior and having to save my clients. And because, I know this 'wanting to be the savior' is a part of me, I do recognize it as a signal of a field, where there are high expectations towards me as a therapist.

5. Conclusion and closure

As we said at the beginning of the last chapter, we do not want to create a blue print of signals and related diagnoses, as a sort of new edition of the DSM.

What we wanted to achieve with this article and these few examples of resonance, is, to stimulate the reader to explore his own experiences and awareness, to see if he recognizes some typical resonances for himself.

We see this as an important aspect of the post contact phase of each session, to take the time to look back, digest and connect meaning to the experience, which will help to increase one's awareness on the field. And in this way, it can help the therapist to trust his own awareness more and more, as being a valuable tool in the contact with his clients and to have a better understanding of what is going on in the field or relation.

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