

ISSN 2519-0547

# GESTALT TODAY

*Malta*

International Interdisciplinary Journal  
in the Field of Psychotherapy

**Volume 1**  
November 2016

**Editor**

Lidija Pecotić, PhD

**Associate Editors**

Katya Caruana MA

Paul Formosa MA

Rose Galea MA

Joyce Sciberras MA

Mikela Smith La Rosa MA

Anton Grech PhD

Ivan Koprek PhD

**Consulting Editors**

Alan Medić

*Medical Doctor, Gestalt Psychotherapist, EAGT*

Anica Dudvarski

*Clinical Psychologist, Gestalt Psychotherapist, EAGT*

Bertram Muller

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Biljana Popović

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Dorothy Scicluna

*Clinical Psychologist, Gestalt Psychotherapist, ECP*

Dragana Ilić

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Prof. Dubravka Kocijan Hercigonja

*Medical Doctor, Integrative Psychotherapist, Psychiatrist, EAIP*

Dusanka Jovanović

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Edward Curmi

*Clinical Psychologist, Gestalt Psychotherapist, ECP*

Prof. Emilija Soimenova Canevska

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Gianni Francesetti

*Psychiatrist, Gestalt Therapist, ECP, EAGT*

Gordana Mićović

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Ivana Vidaković

*Clinical Psychologist, Gestalt Psychotherapist, EAGT, EAP*

Jelena Zeleskov Djorić

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Prof. Linda Finlay

*Integrative Psychotherapist*

Liljana Bozović

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Ljiljana Dimitrijević,

*Psychiatrist*

Margareta Mesić,

*Clinical Psychologist, Gestalt Psychotherapist, EAGT*

Marguerita Spagnuolo Lobb

*Psychologist, Psychotherapist, ECP, EAGT*

Marija Krivačić,

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Marija Stefanović,

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Marina Pješčić,

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Mirela Badurina

*Gestalt Psychotherapist, ECP, EAGT*

Misa Avramović,

*Psychologist*

Sanela Semanović,

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Sanja Bratina

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Snezana Opačić

*Clinical Psychologist, Gestalt Psychotherapist, ECP, EAGT*

Prof. Vesna Pertović,

*Clinical Psychologist, Integrative Psychotherapist, ECP*

Gestalt Today Malta © is an international, interdisciplinary journal that aims at keeping the Maltese and International society up to date with au courant gestalt-related themes. The journal provides a space to integrate contemporary research with our gestalt psychotherapy roots, training, politics, theory and practice. Through its publications the journal seeks to present a holistic meaningful experience for readers by looking at the human soul. It aims to foster an ongoing collective awareness platform to explore and exchange professional views on the human psyche and on the self in relation to others, while looking at current issues and dilemmas within the Maltese culture and internationally. Gestalt Today Malta welcomes authors from all fields and disciplines to impart their knowledge with our readers.

### **Copyright and Permission**

Those who wish to request permission to copy for resale, creation of new works, general distribution or promotional purposes, must please write to European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM), [gptim@maltanet.net](mailto:gptim@maltanet.net). Authors are responsible for all statements made in their work and for acquiring the necessary permission from copyright holders.

Gestalt Today Malta © International Interdisciplinary Journal in the Field of Psychotherapy, (ISSN 2519-0547) is published annually in one Volume per year by the European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM) [www.gptim.com](http://www.gptim.com) Higher Education Institute (NCFHE) 2014-FHI-020 "Wilton Place"/10, Graham Street, Sliema SLM 1712, Malta.



# Table of Contents

---

<b>Editorial</b> Lidija Pecotić	7
<b>A Dialogic Account of the processes of consolidation and recognition of Gestalt Therapy</b> Joyce Sciberras	9
<b>Ethical Paradigm of Gestalt Therapy</b> Bertram Müller	21
<b>Contact within the Therapeutic Relationship</b> Mikela Smith La Rosa	85
<b>Psychotherapy in Postmodern Society</b> Margherita Spagnuolo Lobb	97
<b>Diagnosing Anorexia Nervosa within a Gestalt framework of psychotherapy</b> Dorothy Scicluna	115
<b>Responsibility: Ethical Imperative of Humanity</b> Ivan Koprek	127



# Editorial

Lidija Pecotić

---

## Welcome to the first issue of Gestalt Today, Malta: International Interdisciplinary Journal in the field of Psychotherapy

We decided to start the Journal in the year when our European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute in Malta EAPTI-GPTIM is celebrating its 20th Anniversary. Our plan is to regularly publish the Journal in order to provide a place where authors will be able to present their work in the field of Gestalt Therapy theory, methodology, practice and research. We also welcome authors from other psychotherapy schools and related disciplines to support this project with their written works.

In this issue the reader will find topics written both by new authors and by those familiar to readers and popular in our circle. We did not call for papers around a defined theme. After sending invitations for articles for our first Journal, we received the texts which made, we hope, an interesting whole. Readers can continue to make their own connections and dialogues within and between the articles that follow: Lidija Pecotić is interviewed by Joyce Sciberras under the title “A dialogic account of the processes of consolidation and recognition of Gestalt Therapy”; Bertram Müller questions how one acquires a self-determined ethical profile. With this paper he presents our ground in gestalt in relation to ethical paradigms and contributes to literature on ethics in the field. Mikela Smith La Rosa belongs to our new writers and with her clear and wise thinking she takes us forward from alienated humanity to – humanity, to the old but not outdated phenomena of Contact; Margherita Spagnuolo Lobb, one of the most present and read writers in the field of Gestalt Psychotherapy today, presents her reflections on Psychotherapy in Postmodern Society; Dorothy Scicluna, also a new writer in the Gestalt field, presents her understanding of psychopathology as a ‘type of suffering as it happen at the contact boundary’. In her article on diagnosing anorexia nervosa within a Gestalt framework of psychotherapy, she gives us guidelines on how to help clients when symptoms of anorexia

nervosa arise; finally Ivan Koprek beautifully reminds us that in contemporary Society, which has a strong sense of man's freedom and rights, the responsibility becomes our inevitable obligation and duty in order to 'justify all essential elements of our behaviour'.

As you already know, in Gestalt literature and practice, as in any other discipline, there are different positions taken among the theorists and practitioners regarding almost all themes of Gestalt psychotherapy. Readers will continue to witness this fact in our Journal too. Needless to say, this creates different dynamics within the professional community such as curiosity, interest, suspicion, competition, cooperation, pretentiousness, growth and learning. Our aim is to attempt to keep bringing these differences closer to one another while simultaneously staying open to the complex phenomenology of the themes presented.

We hope to inspire ongoing reflection, exchange and dialogue which can contribute to the formation of the ever transforming truth of the human being and of one's 'creative illusions', existing to support human experience through his/her quest to understand life and death. We hope to facilitate this process with impartiality and respect to the traditional aspects of the Gestalt approach as well as to the new attempts and efforts to approach human phenomena in Gestalt and in other literature. We understand that the Gestalt approach is one approach among the numberless roads that are taken by us humans towards our search to explore and discover the mysterious truth of life. When we take into account this reality, our humbleness in front of the different attempts and approaches looms large and genuine.

As Gestalt therapists today we do not need and we have no authority to be rebellious, anarchic, righteous and obviously proud fighters questioning our society today. Our founders were daring. Back then, it was a creative process. Today, our creative process in understanding, writing and practicing Gestalt therapy is our ongoing creative adjustment, which is essentially an ethical process. As such, this process requires from us: constant increasing awareness of the complexity of the personal, professional and general human fields, taking as much as possible elements of such fields into account while making decisions and choices, practicing generalized impartiality, deep reflection, taking responsibility for thoughts, words and actions, presence, openness to novelty, and the capacity to transform old into new while honoring, at the same time, the ground values and beliefs of the Gestalt approach.

While, as part of our EAPTI – GPTIM training programmes for Gestalt Therapists, we do engage in a process of being open to novelty and of integrating aspects from practice and from other approaches and disciplines, we still stay clearly defined as Gestalt therapists, with Gestalt Psychotherapy as a separate school of therapy with its own philosophy, theory, methodology and practice. Hiding behind something different, bigger or only silently knowing how good Gestalt is, and keeping it as a secret, amazing tool, or being professionally pretentious is finally part of our history. Through our history, only till recently, we have experienced Gestalt therapy and the Gestalt Therapist to be challenged, judged, attacked, wrestling, surviving and growing to become an influential, respected force and a relevant support system for our society today.

GESTALT TODAY, MALTA will aspire to present to the public the Gestalt Philosophy, theory, methodology and research, together with contemporary new thinking of Gestalt Therapy, while honouring the values and beliefs of our professional ancestors hoping to contribute to our professional presence, our future as a gestalt community and a better life for our clients and students.

# A Dialogic Account

## of the processes of consolidation and recognition of Gestalt Therapy

---

An interview with **Lidija Pecotić**

By Joyce Sciberras

- J: Hi, Lidija, it is my pleasure and my privilege to be conducting this interview with you, particularly because you are a private person, you avoid the media and the public eye. So thank you for accepting this invitation. I think the place where we are sitting is appropriate for this interview... the Gestalt Psychotherapy Training Institute Malta, where students come for training, therapy, supervision and a lot more... This is a place where a lot of healing happens!
- L: I want to thank you for the idea to create this experience for me. I am actually honored that you could see me in this role and that you feel comfortable in conducting it.
- J: For me, on a personal level, it is important, and as we sit together for this interview I feel emotional... For me it is a very emotional experience to be sitting with you in this way. On a wider level, I feel that your huge contribution towards the development, structure and establishment of Gestalt psychotherapy in this part of the world needs to be seen and acknowledged as it is an integral part of the history of our profession.
- L: You are defining an identity of mine which, maybe, I will just have to find the name for, but I think you are addressing it, acknowledging it and are taking care of it. Maybe, I will be able to add it to the way of how I experience myself.
- J: Yes, I would like you to do this, I want to state that you have been my teacher and mentor, you have introduced me to Gestalt therapy about twenty years ago. I do have a lot of respect for you and I appreciate how you have been in my life and what you have done in my life. So in a way this is a time of mutual appreciation.

L: Yes

J: Lidija, you have set up and done a lot for the Gestalt community in Malta. But not only, in Europe and outside of Europe as well, and I don't think you fully understand how much you have done, so if this interview serves this purpose then I'd be very, very pleased.

L: Thank you

J: Lidija, where and when did you come across Gestalt Psychotherapy? How were you introduced to Gestalt?

L: Well, I have to say that my meeting with Gestalt was particular – I don't owe it to my contemplation, reflection and careful choice. It was in 1981. The year after I finished my degree in Clinical Psychology at the University of Belgrade, ex Yugoslavia. I knew that I wanted to continue to work as a therapist, and I was searching. One day I got the information, that there is a meeting for Transactional Analysis training for psychologists at the Mental Health Centre in Belgrade. I was punctual, waiting at the place of meeting... For one hour, maybe more... No one turned up. There was one man who was running up and down the stairs, and we registered each other a couple of times. He wore a white coat, like he was a member of staff, and at one point in this running up and down he approached me and said: "Excuse me for asking, but what are you waiting for?" I said: "Well, I'm waiting for an informative meeting about Transactional Analysis Training for new students, and I was meant to meet Ema Klarin...But she's not here yet." He said: "Don't worry, if you don't mind we are about to start a meeting in Gestalt Therapy introduction so if you want to come in and join us you are welcome". I said: "Okay!" So that's how I started Gestalt Therapy! So nothing out of my intuition or call or reaching out. I did not know much about Gestalt Psychotherapy besides some brief information from the University course in psychotherapy. I attended this meeting and joined the group which was already formed for some time, but they were still accepting newcomers. The person leading this group was Mladen Kostić. He was, at that time, the person who brought Gestalt Therapy to ex-Yugoslavia from LA Gestalt Institute together with his wife Nada Kostic. He had started to bring some teachers from England and from the United States, like Hunter Beaumont, Bob Resnik, Janet Rainwater, Bob Martin – the majority were from LA Institute. I attended this group from 1981 till 1986. We used to meet once a week for a couple of hours for experiential Gestalt work. So, that's how I started.

J: So, this is how you were introduced to Gestalt! Almost by accident! How did it then develop?

L: So what happened was that the following year the teachers from Gestalt Institute of LA, United States, started to come to teach in Belgrade, and one of the first teachers that I met was Hunter Beaumont, in March 1982. At that time I had spent just a few months in my Gestalt experiential group, so I didn't really know much. When Hunter came he gave us lectures on contact experience, love, phenomenological experimenting and contact functions ... it was during that time that I felt and decided that this is what I wanted to follow and continue doing. I continued with my original therapist and teacher, Mladen Kostić for another 6 years... but always really keeping in mind that what I experienced with Hunter was that which I wanted to follow!

What happened after was that at that time my parents moved to Washington DC. This was between 1983 and 1987 as my father was a military attaché and at that time he had a post in Washington DC.

They spent four years there and this was an opportunity for me to continue exploring Gestalt.

J: You went to America as well...

L: I went to America several times from 1984 till 1987. At that time, 1982, I started my employment at the Parliament of Yugoslavia, ex-Yugoslavia, and I was working as a Consultant for Psychological and Social questions of employees. At that time the General Assembly had employees from the whole of Yugoslavia. We were about 2,000 employees and I worked as a psychologist there for 11 years...

So I didn't want to leave the job but I was travelling very often to the United States for Gestalt training.

J: And how was your experience? Which Institute did you attend there?

L: This is also interesting, because I didn't have much information regarding Gestalt in the United States, and remember, in the 80's we had no internet and letters would take 2 weeks to arrive.... When I went for the first time to Washington DC I used to make phone calls to different Gestalt Centres, one of which was Washington DC, Gestalt Centre. They accepted me for an interview, gave me relevant information, literature and told me that as such there was no training to become a Gestalt Therapist but that I can always go into Continuing Professional Development at different Centres which however do not commit themselves to give any certification with respect to qualifying as a Gestalt Therapist. They gave me the telephone number of the Gestalt Institute in New York when Laura Perls was still alive...

J: Laura Perls?!

L: Laura Perls, yes..

I called her and she answered the phone...

Now, when I look back it was a significant opportunity, which I did not take. I spoke to Lora. She was very, very kind and invited me to visit their Institute in New York and also gave me two names to contact for further information. One name was Douglas Davidove from New York Institute and the other were the Polsters who had a Training Program in cooperation with the University of San Diego. I chose Erving and Miriam Polster.

J: Were they already developed ... structured...?

L: In my opinion of that time, they were more structured, yes, and I decided to commit to this training. Obviously, without the support of my parents all of this was not possible and I am forever grateful to them. I was accepted in the Polsters' programme which ran through 1984-1985, and later I went for the post-graduate programme in the 90's.

J: And in the meantime you were travelling between Belgrade...

L: Belgrade and San Diego. I was doing quite a lot of travelling; however, the concept of that training was through an intensive programme. The Polsters used to have a months' intensive training which at that time, was one month of constant daily exposure to therapy from eight in the morning to eight in the

evening, with a lot of training, teaching and experiential work, a lot of supervision. Different professionals were involved in the training as visiting lecturers. It was really intense. This was the beginning of my Gestalt therapy journey. Concurrently I was also continuing my training in Belgrade with Mladen Kostic and Hunter Beaumont who moved with his family from LA, United States to Munich, Germany.

J: What are your memories around this time of Erving and Miriam Polster? My interest would be around the experience of Erving and Miriam, as your teachers... therapists...

L: Miriam, I learned significantly through her. She was trained as a teacher, so she was the one to give the structured lectures, she was eloquent, articulate, often having a big smile on her face... soft, gentle and clear, very courageous and creative in her therapeutic experimenting. By that time I had been exposed to many male therapists and Miriam, being a woman, was like a role model for me too.

And Erving,... Erv, he was more challenging, more evocative, provocative, daring, caring, extremely intuitive, with very clear boundaries, which created safety around him, but not the safety which would make one too comfortable but a safety which would be supportive enough to answer his constant challenges. Now, from the perspective of more than 30 years, I see how they dealt with the themes of philosophy, theory and methodology of Gestalt Therapy in a very profound way and how they structured their training in a very efficient way. Later on, till today, in my role as trainer and director of Gestalt Training Institutes I do not stop to be inspired by that experience.

J: In what way?

L: I will paraphrase Erving Polster by saying that they made me experience and know that, what I imagine therapy and training to be, is possible and reachable, and this was itself supportive for me personally and professionally.

J: They believed in you! And after the Polsters, was there any other formal learning that you experienced in any Institute?

L: Then I continued and finished the post graduate program with the Polsters in San Diego, United States and Germany, Europe. Up to 1995 I was involved in coming and going to the United States or meeting them when they taught in Europe.

J: And did you fulfill your certificate formalities there?

L: Yes, although at that time we did not have a clear professional identity of 'psychotherapist' and the organisation of it. Neither did we have any legislation of the profession or a standardised program to give us the necessary accredited certification that we have today. This was the case across board, in Europe and also in the United States. Certificates that we used to get back then were those of: enhancing our previously acquired knowledge since there was no commitment of any training body at that time, as far as I know, to issue certificates of qualification in the profession which was not yet politically and administratively separated from philosophy, psychology or medicine.

Since then my professional involvement for my whole life, till now, involves also serious efforts, battles, and commitment to establish psychotherapy as an independent, standardized, recognized and accredited profession in different countries where I was and am involved in teaching Gestalt therapy.

J: Yes, of course, I see. How did you resolve this fact in your case?

L: What I did was that I applied at my University in Belgrade, then Yugoslavia, now Serbia, for an MA in clinical psychology with particular interest in research in Gestalt Psychotherapy. I was allowed to do research and from 1985 till 1994 I was involved with the University in Belgrade, Faculty of Philosophy, in research on how effective Gestalt Therapy is in resolving intra psychic conflict of clients. So my Master Degree (1986) and later my Ph.D.(1994) were actually research in applied Gestalt Psychotherapy. In the Doctorate the research was on the phenomenology of insight when therapy sessions were led by the Gestalt Therapy approach.

This was my way of resolving the absence of formal or recognized informal learning that could support me in my development as a Gestalt psychotherapist and trainer/lecturer.

J: When did you start to train your first group?

L: Yes, in 1990 in Belgrade I started my first private “Gestalt Studio for education in the field of psychology” and my first two educational-experiential groups. Most of the members of those two groups are today trainers/lecturers at the same still existing Studio for education in Belgrade. I have the need to pronounce their names: Marija, Goca, Anica, Marina, Sanja, Dragana, Snezana, Marija, Duska, Ljiljana, Biljana, Ivana, Jelena, Filip, Misa.

J: Okay! And, recently you celebrated your 25 years of the Gestalt Studio...

L: 25, yes, 25 years, last December 2015.

At the beginning I did not have support from my ex-teachers in Belgrade to start my own program, it was one of the complex challenges in my life. This closed door led me to different directions in order to find people to support my ideas. Remember that Laura Perls mentioned to me Douglas Davidove who was a teacher at New York Institute. I got in touch with Douglas Davidove and he accepted my invitation to come and teach in Gestalt Studio Belgrade. It was during the early nineties ... a difficult time for our country...war was present. Long, painful, terrifying, soul closing war.

J: And you still held your group there?

L: Yes, life is stronger than most mind-body tearing experiences for which we thought, in our comfortable stage of life, that would kill us. One moves on. I had the first Gestalt groups in 1991 at the Gestalt Studio Belgrade. We never stopped. Even during the war. I remember we still continued with the Gestalt Courses.

Those days my husband and myself decided with a lot of uncertainty to leave the country together with our two children. In 1994 we ended up in Malta, till today.

My travelling between Malta and Belgrade started then. The Gestalt Course was needed in my country more then ever ... Therapists for wounded souls.

J: Of course... So you were travelling from Malta to Belgrade

L: Yes... When I settled here in Malta with my family I started to work at SEDQA, Agency for Drug Addiction, where I applied the Gestalt method in working with clients and employees. I was also invited by the management to teach Gestalt Therapy to employees. This was the beginning of my Gestalt Therapy journey as a practitioner and a teacher in Malta. With the support of Joe Gerada and Frank Mifsud, who were at that time managing the SEDQA agency, I established my first school here in Malta, Gestalt Psychotherapy Training Institute Malta - GPTIM.

J: ... I see

L: So in 1996, 21st of June, we got the first licence for the school in Malta. I left SEDQA Agency soon after, and as I said with great support and a good recommendation by these two people and support from others like Maryanne Agius and Fr Darmanin, and later Sandra Scicluna Calleja. These were people who trusted enough to support me with their ideas, with their experience, with their knowledge, to do what I wanted to do then, and to continue with my ideas. I am using this opportunity to emphasize that I am grateful to these people.

Besides teaching and training I constantly had, a clear goal to find any kind of recognition, because the profession was not recognized, training was not established. The European Association for Psychotherapy (EAP) and the European Association for Gestalt Therapy (EAGT) were, at least for me, something which was not so much available and it was not clear to me how to go about approaching them. So, I continued to search to be recognized as a school and also to find recognition for my students and for the profession itself.

J: Yes, yes...I remember this too well.

L: My search led me to contact the Gestalt Institute in London. I wanted someone to come here to Malta and to supervise our work at the school since such an Institution did not exist in Malta. Gestalt Institute London sent us Peter Philippson to supervise our work. After five years of that process I got teaching and supervising membership of GPTI in London, since they did not have any formalities for organizational membership, but still my recognition gave credibility to our students too.

J: I recall your huge energy in doing this search. The way that I experienced you at that time was that you wanted to honour the students who trusted in you and your work with a recognized certification.

L: Yes, I was searching for membership for the GPTIM school, and that's how I got in touch with associations like the EAGT, the EAP, and the International Federation of Gestalt Training Organizations (FORGE). Our teachers then became: Serge Ginger (France), Bertram Muller(Germany), Joseph Zinker (USA), Sandra Cardoso-Zinker (USA), Kenneth R Evans (UK), Joanna Evans (UK), Velimir Popovic (Serbia), Dusan Stojnov (Serbia), Josip Berger (Serbia), who besides teaching did supervision and training work. I also cooperated with Petruska Clarkson with special focus on research in psychotherapy.

J: That was a busy and creative time for you. I really remember, I came to your Institute – we were the second group at the Institute to study with you and what I recall is how dedicated you have always been, particularly at that time to get recognition not only for Gestalt or the Institute but for us as individuals as well so we could work with our post-graduate Diploma and that it could be recognized. So there was a lot of work that you did there and this was in the 90s, which is quite some time ago, and Gestalt Institutes elsewhere are still struggling up to today to be recognized...

L: On one side, I was constantly involved in improving our programme, and in a parallel process I had to work for recognition. In this, I would say, I carried this huge sense of responsibility towards students who would finish the Gestalt Course and for me the responsibility was that these post-graduate Certificate/ Diploma in Gestalt therapy have a value.

J: Yes, looking back this was history in the making...

L: Joyce I see how you support me in this moment and how gently you just said something very meaningful for us here in Malta.

My search continued everywhere in the world to find this more refined recognition which would give credibility to our students in Malta and abroad. One fine day I realized that EAP and EAGT established procedures to begin issuing European Certificates for Institutes and European Certificates for individuals who fulfilled their criteria. I remember how anxious that time was for me. I applied to be recognized and accredited as an Institute by both EAGT and EAP. I was very excited about this accreditation which happened in 2005.

J: And you were the first one to be accredited, weren't you?

L: That's it. Because, you know, it created a lot of anxiety until we were endorsed through quality assurance. Nowadays these strategies are established and they are normal but at that time ... this was the beginning. The Committee of EAP and EAGT came here to do their checks, they investigated everything, spoke to students, spoke to teachers, all in a confidential manner. A lot of writing and paperwork was involved. At the end of this process, they told me, ... "you know, we congratulate you Lidija because you are even for us the first experience, because you're the first one to be accredited by EAP and EAGT. I could not believe it! What a surprise, because I thought that I was late. This accreditation brought a lot of stability in the whole school, a lot of peace in me, it gave me the opportunity to really re-organize the Course, get connected with different agencies here in Malta, students started to be seen more as relevant professionals, their work and competence started to be seen as something that made a difference with the clients and within the agency which they worked for, and this was very much an inspiration to further development, which we are experiencing right now.

J: At this time, the Institute was offering a post graduate Diploma, right?

L: Yes, at that time this was a post graduate Diploma, which was later recognized by the Ministry of Health here in Malta as a basis of registration for psychotherapists – this was a huge step again. Back then the Malta Association for Psychotherapy was organized by Charles Cassar. He is still the chairperson, I would say a successful leader of the politics of psychotherapy here in Malta and in Europe. The profession of psychotherapy here in Malta became established, recognized, seen.

Nowadays only a few countries have a law that governs psychotherapy. Up to today a lot of countries do not have one and they are in the process of introducing it. Malta is one of them. Two years ago I was approached by the chairperson of the MAP, Malta Association for Psychotherapy, Charles Cassar, who informed me that the new regulations will probably require that psychotherapists need to have a Master Degree in relevant psychotherapy. So after a few years of safety and feeling that I provided everything for my students and colleagues, with respect to recognition and acknowledgment, here I was, facing a new challenge.

J: And you took that challenge and nowadays...

L: ...we are just coming out of the recent accreditation – that of a Master Degree in Gestalt Psychotherapy – which I would say is very close to my heart, if these procedures can be close to heart. Originally this idea belongs to the late Ken R Evans. During this process I had the help of 2 of my colleagues, one from Belgrade, Miša Avramović, who involved himself in this work very much, and Mikela Smith La Rosa, psychologist and Gestalt psychotherapist from Malta. They participated in the procedure of accrediting this Course at the Master Level, which we were awarded in 2014 by NCFHE, National Commission for Further and Higher Education in Malta.

J: You've achieved a lot, haven't you? Professionally, you managed to structure the profession and make it established – you made it solid in a way that everybody could see that it is sound, it is solid and sound, and because of this you got the support to bring it to where it is now. Besides the school in Belgrade and the school in Malta you are cooperating with different schools in Europe as well?

L: Thank you for asking this question, because I would like to clarify something. There are several Gestalt Training Centers-Schools on the territory of ex Jugoslavija of which I am the Founding Member and part of their academic staff. Besides EAPTI-Gestalt studio Belgrade, Serbia there are: EAPTI Center in Skopje; Makedonia; Sarajevo, Bosnia and Herzegovina; Zadar, Croatia; Zagreb, Croatia; Podgorica, Montenegro.

All Centers and Institutes are administratively independent, they are recognized or accredited by EAP and EAGT and all of them cooperate with EAPTI-GPTIM through regular meetings, exchanging experiences, lecturers. We recently started an ongoing international and interdisciplinary project by organizing a professional Congress every two years, in different countries, where we present research and development of theory and practice in the field of Gestalt therapy and related fields.

These Centers and Institutes are led by my ex-students, now, for a long time, my colleagues. They are now teachers, supervisors, and teach Gestalt psychotherapy competently to new students all around the world, here in Malta as well, and they are of great support for me on this journey of deep human understanding and healing. One of them is you Joyce, my support, security, peace in heart and mind, knowing that you can take care of students, teachers and that the training goes well. We build and create the same ground on which all this work continues to exist.

During the last 20 years our students at EAPTI-GPTIM were assisted by other teachers of Malta: Joan Camilleri, Melissa Portelli, Elaine mc Dougal Portelli, Marianne Agius, Sandra Scicluna Calleja and others. We are assisted with numerous graduated and accredited therapists and supervisors, so essential for the training of our students. We also have been recently joined and supported by Fr. Paul Formosa and our two new teachers, Rose Galea and Mikela Smith La Rosa who brought new ideas and

strategies to our school. Someone who was and is of great support for me personally and for students in all these years is Katya Caruana.

J: Something about you, your way of thinking, living your life experience... my first question to you around this area is to ask you when you look back in your professional life around Gestalt Psychotherapy who are the teachers whom you really feel connected to, who you remember right now, for specific ways of being in your life..

L: I had the pleasure of having many teachers. In general, I allow the experiences to teach me and change me. In that respect and in this context my teachers are my clients, students, colleagues.

People who know me for a long time would expect me to say that my most significant teacher is Hunter Beaumont. They are right. He initiated me to Gestalt philosophy and theory and later, in the early nineties, he also introduced me to a different system of healing which is Constellation work of different human systems. He became and still is my supervisor and professional consultant.

I cannot not mention Mladen Kostic. If it would not be for his strong, persistent, sometimes irrational challenges that came through him I would not be set up in a position to really feel the strong need and professional call to establish and accredit myself and my training. I am grateful for him to have this role in my life.

Erving and Miriam Polster I already mentioned as my significant teachers. Maybe I can add that it was with them that I decided to start the Gestalt Training Program in Ex Jugoslavija in 1990, and my first program which I ran in Belgrade from 1991 was inspired with their two year intensive programme at the University of San Diego, California.

Joseph Zinker I met at the University of Cambridge at a lecture organized for Gestalt Students and therapist in 1995. Soon after, Joseph Zinker become visiting lecturer at GPTIM till 2004 when he got seriously ill and stopped traveling. His presence for so many years here in Malta for me personally and for our students was and still is an honor. His knowledge, experience and creativity will go through us to our clients for a long time.

I want to mention Bertram Müller who is still a teacher with us at GPTIM. From him I learn not only about the original work of Gestalt founders, but a lot of political work which one needs to know if he or she is in the position of leader in this area.

Kenneth R Evans came to Malta in 2005. He was my great teacher, colleague, friend, support. Like a brother that I never had. He died last year, 2015.

I am realizing that this can take a lot of time so I wish just to mention names of my teachers to honor their presence in my life: Sonja, Josip, Vlada, Bert, Ivan, Slavica and many others.

J: What do you value most about Gestalt Therapy, its philosophy, its experience, ...  
What do you value most? ... Or, to put it differently, how has Gestalt Therapy influenced your life?

L: You see, Gestalt Therapy with its philosophy, methodology, theory and practice is not only my professional orientation and direction. It became my guide through life. It influences the way of experiencing and reflecting on my life, it is my ground of values, beliefs, identities and their bodies. Gestalt therapy is in the ground of my implicit or explicit influence on others and main professional inspiration to live what I teach. It was not always easy to keep. The older I get it becomes easier.

J: I see your authenticity in the way you live your life and in the way you are in the role of therapist and teacher. I can see the congruence there.

L: Thank you.

J: Besides Gestalt Psychotherapy you also have a particular interest in Family Constellation... Order of Love, and related to it there is this work on Soul which you also introduce in your Gestalt approach. So can you elaborate please, tell us a bit about that...

L: It's a bit difficult for me to speak about Soul, since the soul was, for a long time, a concept which was avoided by writers of psychology and psychotherapy as being a phenomena too difficult to grasp, understand, know or heal and in the same time being the disciplines of knowing or healing that indefinable phenomena. Maybe for the purpose of this conversation I can say that in my opinion Constellation of human system work has a theoretical and methodological frame which is compatible with Gestalt Psychotherapy theory and methodology, especially in respect to the Gestalt approach and use of the Theory of the Field.

J: My last question is around your passions in life. What is your passion in life or what are your passions in life? I know you are very keen on Tango... Maybe other experiences as well...

L: Yes, I like Tango, since recently I started to go for lessons and dance. I found that Argentine Tango is present in a lot of countries and that people like to gather around it.

J: Really?

L: Argentine Tango for me has the capacity to translate into movement the philosophy of contact, adjustment, connection with otherness, relation, passion and boundaries, creation and transcendence. Something like Gestalt in movement. So this is one of my passions where I could continue to unfold as a human being.

But my commitment and passion is actually religiousness and spirituality. The theme that I am researching these days is the theme of living, change and dying and its consideration in psychotherapy and other disciplines.

J: Lidija, I thank you dearly for this valuable interview.

L: Thank you.<sup>1</sup>

---

1 I apologize to future readers if I missed someone or something important.

---

**Lidija Pecotić** (born 1956) studied clinical psychology in Belgrade, Serbia. She continued with postgraduate studies and holds a PhD in Clinical Psychology from Belgrade University, Faculty of Philosophy since 1994. She is a Gestalt therapy graduate, San Diego USA, EAP and EAGT therapist. Since 1990 she has been involved in the process of establishing various institutes and tailoring experientially taught programmes of gestalt therapy. At the present moment she is Director of the Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM NCFHE 2014-FHI-020) and of the EAPTI-SEB.

**Joyce Sciberras** studied social work at the University of Malta. She holds a post graduate diploma from the Gestalt Psychotherapy Institute of Malta. She was awarded a Master degree in Gestalt Psychotherapy from the University of Birmingham UK. Presently she teaches Gestalt Psychotherapy at EAPTI-GPTIM, works as a psychotherapist in private practice, does supervision work.



# Ethical Paradigm of Gestalt Therapy

## How does one acquire a self-determined ethical profile?

---

Bertram Müller

*Parts of this article were presented under the title 'Ethical Aspects of Life and Gestalt Therapy at the Opening of the Conference 'Contemporaneity, Awareness, Ethics, Psychotherapy' in Zagreb, September 2015.*

*Besides Lidija Pecotic the initiator of this open discourse on Ethics and Gestalt Therapy I want to thank especially Dr. Daniela Schwarz; without her support I never would have been able to organize my thoughts on this complex subject and finally to bring them on paper. I thank Christina Möllers for her help in translating parts of the text into English, Mikela Smith La Rosa for her most valuable contributing to the editing process and to my wife Dr. Johanna Müller-Ebert for her collegial inspiration and patience.*

*You will notice, that I also often refer to the writings of Otto Rank. I do this for several reasons:*

- a. Rank is more than 'beyond praise', as Perls honoured his work (Perls et al 1951: Chap. XI, 6) and an indispensable resource of Gestalt Therapy as well as he was for several humanistic post-Freudian therapeutic conceptions. It was I. From who especially included Rank's writings into his training of Gestalt Therapy to the first student generations of Gestalt Therapy.*
- b. It was Rank, who in the late 20s put the human will, the individual creativity and responsibility, the human need for illusions, dialogical responses and love, the priority of awareness, emotions and experiencing in the Here and Now and many more basic concepts of Gestalt Therapy.*
- c. The profound works of the dissident of the psychoanalytic community, Otto Rank, have been relatively unknown until now, yet indispensable concerning the development of ethical concepts. I do hope the following remarks and quotations of Rank will motivate you to read his original works. You will never regret the efforts you had to invest to do so.*

## Structure

<b>I. Introduction</b>	<b>22</b>
<b>II. The Ground of an ethical conception of Gestalt Therapy</b>	<b>27</b>
II. 1 Freud and Perls: The Dispute on Ego-Ideal, Super-Ego, and Introjection	27
II. 2 Personality and Personality-Function	31
II. 3 Neuroscience and Ethics	35
<b>III. Basic paradigms of an ethical conception of Gestalt Therapy</b>	<b>40</b>
III. 1 Ethics, Love and the Thou	40
III. 2 Ethics, Awareness, Consciousness, the Individual Will and Emotions	46
III. 3 Ethics, the 'Here and now', and Change	50
III. 4 Ethics and Aesthetics	53
III. 5 Ethics, Anxiety and Risk-taking	57
<b>IV. Advancement of the Ethical via Gestalt therapeutic Practice</b>	<b>62</b>
IV. 1 The Three Basic Ethical Structures of Personality	62
IV. 2 The Ethical Potentials of Gestalt-Methodology	66
IV. 3 The Ethical Corner Stone for therapists: the Hippocratic Oath	68
IV. 4 The Ethical State of a Gestalt therapist	70
IV. 5 Future Ethical Challenges for Gestalt Therapy	71
<b>Appendices</b>	<b>73</b>
Appendix I: Questionnaire (QCM-1)	73
Appendix II: Questionnaire (TM-2)	76
Appendix III: Questionnaire (TM-3)	76
Appendix IV: Selected notions in the Field of Ethics	78
<b>References</b>	<b>80</b>

## I. Introduction

*The common clarification of the values of the client is the most important therapeutic agent.<sup>1</sup>*

See Charlotte Bühler 1975

Taking a closer look at the ethical conditions of our society and of our planet, we should be worried: Immorality all over! Just look at the exploitation of the natural resources! Many of them are on the way of being lost forever! Look at the corruption at all levels of our societies in all countries! Look at the greed of the international bank and financial system, killing hundred

---

1 Charlotte Bühler is an entrepreneur in clinical humanistic psychology, not much known within the Gestalt-Community, was close to the work of K. Goldstein, A. Maslow, Gordon Allport as well as with James S. Simkin.

thousands of people every year by unfair terms of trade, especially in Third World Countries! Look at our politicians and presidential campaigns packed with barrels of lies (almost) nobody cares. But also take a look at the growing lack of an 'ethically good performance' in our social and private lives! In Düsseldorf I often see quite self-confident women with huge SUVs and their children parking in the third row convinced of having the law on their side when blocking the traffic because as a mother they are sacrificing for the survival of mankind. I do see them as heroines therefore I do not mind their rude behaviour, but I do mind all the other third row parkers, who do the same without good reason.

But what should I do with a client, who says to me: I'm so sorry. I have to separate from my pregnant wife and my two-year-old daughter because I fell in love with another woman. It is not the first time that this kind of behaviour has brought me into a severe professional ethical conflict.

Perls favoured the ideal of a 'Man without qualities' (see Musil: 2013). Of course, he meant a man without a rigid character. But what is a rigid, what is a strong, what is an ethically good person, what is a good human being?

In his 'Appeal to the world' the Dalai Lama writes: "Man can make it without religion, but not without inner values like love, kindness, (amicableness,) affection" (Alt 2015: 7)<sup>2</sup>. For the Dalai Lama the key-ethical value consists of a certain inborn attentiveness, on which according to him all Ethics could be based. What happened to this genetic ability that is to make humans behave more ethically?

In the 50s the founders of Gestalt Therapy (with their focus on the 'awareness continuum') were already on the right track when they discovered new post-religious and post-moral grounds, on which a new individual and social fundamentals for contemporary ethical performances could be built. But how can pure attentiveness be a key to making humans more ethical and help in leading to a self-created ethical profile and socially acceptable lifestyle, which is good for oneself as well as for others? If awareness is the best ethical anabolic preparation, why does ethical behaviour become such a volatile phenomenon in our society?

Has our modern, extreme individualistic and capitalistic western culture detached us from any moral or ethical social sense of equality and justice?

The Neuroscientist Ernst Poeppel (see Poeppel 2013) found out, that an average citizen is lying two hundred times a day. Probably many of them were narcissistic ones. With their quite flexible ethical profiles, they believe they are the anointed creator of all laws and rules according to their own individual ethical profiling. Have they meanwhile become the ethical model of our

---

2 Translation from the German original. All the other quotations, based on German originals, are also analogous translations.

present culture with the motto: “I do my thing, you do your thing?” (see Perls 1992: Gestalt prayer).

Be yourself – profile yourself – become what you want to become – be the creator and judge of your own ethical norms! I guess, some of our freestyle forms of 'daily lying' are mostly a kind of creative adjustment. But: Where is the red line, at which this happy daily cocktail of truth and little lies might harm our own integrity and the trust of our friends in us and even more important the well-functioning of our societies? Everywhere we can already experience the feeling of damage caused by these free-floating ethical norms without borders.

There might be another influence, which undermined man's capacity for ethical judgement and behaviour. To get more involved in the big millennium-project of Kant and Nietzsche, which animated people to create their rational (Kant) or more emotional (Nietzsche) individually designed ethical profiles according to their own created norms, simply overstrains and paralyzes many people. They might not really know how to self-create or lack the courage to make their own ethical decisions out of their individual self-responsible will.

Friedrich Nietzsche warned: “To give your character style (...) is a great and rare art” (Nietzsche 1954: Aphorism 200).

Gestalt Therapy has developed concepts and practical tools, which could enable our fellow citizens to master their daily ethical struggles. Building a strong individual identity and will power is a favourite focus of Gestalt Therapy: 'be aware!, be yourself!, be creative!, Be your own chairman!' and of course 'Be self-responsible!'<sup>3</sup>

Our contemporary western society stresses the importance of being a top-performer: to be creative, to be lively all the time, to be smart and beautiful, to be sexy and successful, to be a hero and to be able to profile yourself - all at once! Be a creative cook, a creative hairdresser, a creative employee, and a different and creative therapist! And notice: You better make a good performance at best every day anew!

Meanwhile we are even living under the spell of the “regime of the aesthetic, of the instant authentic and new” (Reckwitz 1995: 54 f.), promoted by our latest western cultural economy.

---

3 If one asked Gestalt therapists within a brainstorming about their ethical principles, one would likely get an impressive list of ethical norms such as 'to be in contact is good, to show your feelings is good'; 'to be opened and authentic is good', 'any routine is bad', 'to bare off contact and feelings is cause of neurosis, to exercise power is bad' etc. (see Gremmler- Fuhr, M. 1999: 554).

Many of our over-challenged fellow citizens react with depressive symptoms, and experience themselves as being a big failure. Others turn to extreme conservative, fascist positions out of the urge for more security too frightened to open their ethical and ethnical boundary. Did the creative individualistic post-modernistic exaggeration cripple the individual will and compassion of ethical responsibility? It is time to ask:

What could be our contribution to step out of this individual and collective disability in order to create a liveable world for all? How can we help to find a new way out of this ethical misery in our social and professional lives, beyond historical or biographical fixed moral systems? What do we have to offer to our co-citizen and our client to acquire an ethical self-determined profile?

### **Some remarks at the starting-point**

The following outlines on Ethics and Gestalt Therapy serve for presenting different elements, which are crucial for a coherent Gestalt Therapy theory and methodology of ethics in my point of view. I hope I am suggesting to you some keystones for a contemporary ethical conception for professional therapeutic practice and teaching of Gestalt Therapy as well for a further on-going collegial dialogue. From chapter to chapter I intend to show, how much the theory and practice of Gestalt Therapy (especially written by Perls et al 1951) already includes the most crucial paradigms for a development of an ethical individual authentic as well as situational responsive ethical profile.

The field of Ethics contains many highly loaded notions and terms. In order to facilitate easier understanding of such terminology, you may refer to Appendix IV which presents short definitions of several important notions in the field of Ethics. The complexity and essence of each term can undoubtedly unfold and be further understood through discussion and elaboration within the dialogic field of Gestalt therapists.

The literature on Gestalt Therapy and Ethics is so far quite limited. That does not mean at all, that the theory and practice of Gestalt Therapy as such does not support ethical profiling of its clients. I will even try to show that the anthropology, and methodology of Gestalt Therapy, as it was created and published by the Perls, by Paul Goodman, and taught by Isadore From, the Polsters and many others ethically engaged Gestalt therapists until today, is implicitly highly 'loaded' and most qualified, to assist individual people, clients as well as communities, in improving their ethical competences and individual ethical profiles. With these outlines I intend to indicate, how and on which topics we could make the so far, too much implicit ethical conception of Gestalt Therapy more explicit.

Committed authors of the 'Gestalt-Community' started to pay attention to different ethical aspects of the theory and practice of Gestalt Therapy. Among them is Gordon Wheeler (1992) with his essay 'Gestalt Ethics', which highlights the emergence of values and Ethics on three levels of the 'structure of the ground'. The German Gestalt therapist Hutterer-Kirsch (1996)

focuses especially on a clarification of the notions 'normative', 'descriptive' and 'meta-ethics', and discusses these notions referring especially to Kohlberg's publication (1995). Furthermore Martina Gremmler-Fuhr (1999) transformed Hutterer-Kirsch's concept of the three forms of Ethics into a process of ethical development from normative to polar and to a transrational ethic and discussed the efforts of the past years to elaborate ethical standards for clinical practice. The publication 'A next step' (see Lee 2004) with his situational conception of Ethics mainly focuses on the dialogical intersubjective aspect of Ethics. Staemmler (2009) and Jacobs (2011) explore the ethical impact of attentiveness within a therapeutic relationship. Within the highly celebrated reader on 'Gestalt Therapy in Clinical Practice' (Editor: Francesetti et al 2007) especially Dan Bloom marked a remarkable effort to connect the concept of situational Ethics with the philosophical writings of Lévinas (1969). "The ethical is an irreducible interpersonal structure upon which all other structures rest" (Bloom 2007: 132). Using the notion 'Situative Ethics' Bloom intends to emphasize the "social aspect of the organism-environment-field" (ibid.), as a "phenomenological experience structure of the living environment" (ibid.). For him 'situative ethics' does not mean an 'ethics of content'. Rather, "situated ethics is our inescapable orientation towards an ethic of content" (ibid.: 135). The ethical content of clients in therapy is part of the structure of the actual therapeutic situation, to which a therapist always directs his/her attention (see ibid.).

Nevertheless the complex human capacity of thinking and acting ethically seems to me in Bloom's conception of Ethics too exclusively linked with a magical idea of a pure phenomenological emergence of ethical values within a given situation, which do not touch important other aspects of the ethics like: the human conscious will (Ego-Function), individual responsibility, skills and competences of creative and courageous acting (Personality-Function, see chapter II.2) within an ethical complex and challenging situation.

Because of this emerging, not yet satisfying state of affair about the Ethics of Gestalt Therapy, one cannot overestimate the initiative of Lidija Pecotic highly enough, to establish an on-going series of conferences, and publications beginning in September 2015 in Zagreb, on the development of a comprehensive, contemporary ethical conception of Gestalt Therapy.

At the beginning of our journey to explore the ethical dimensions and potentials of Gestalt Therapy let us first have a look at the past, at the beginning of the emergence of Gestalt Therapy to grasp some of the fundamental and momentous debate on Ethics of two ambiguous men: Freud and Perls.

## II. The Ground of an ethical conception of Gestalt Therapy

Will people ever learn (...), that there is no other equality possible than the equal right of every individual to become and to be himself, which actually means to accept his own difference and have it accepted by others?  
(Rank 1941: 267)

### Freud and Perls, garnished with some new aspects of neuroscience

To find a biological cause and ground to explain the humans' feelings, thinking and acting had always and until today been a most challenging and honourable undertaking. This is especially true for one of the most complex psychic competences, the human ethical thinking and acting. What does a human being need to develop physiologically and psychologically, what does it need to experience, need to assimilate and transform to be able to perform in an ethical way?

Within this limited context, we shall focus exclusively on the two different viewpoints of Freud and the Perls in the 30s of the last century, especially because their differences on this issue later lead to the new conception of Gestalt Therapy (see Perls 1951). Furthermore we will take a brief look at some later speculations of neuroscience in order to flirt with their growing insights about biological parameters of the Ethics in relation to a possible contemporary conception of Gestalt Therapy and Ethics.

### II. 1 Freud and Perls: The Dispute on Ego-Ideal, Super-Ego, and Introjection

Exploring new ways of helping clients in overcoming their potential lacks in ethical performance, it is recommendable to have a look at where the gestalt theoretical and practical conceptions come from.

The following short outline<sup>4</sup> might also be taken as an impressive example, that a simple dispute about a few well-established notions can finally lead to a fundamental different form of psychotherapy and methodology in order to support individual clients in acquiring his / her self-determined sense and consciousness on ethical issues.

---

4 The complex and constantly changing conceptions of the "Super-Ego", Freud's "Ego-Ideal", cannot be sufficiently presented and acknowledged in this context. However, Freud's as well as Perls's attempts at embedding the ethical in the context of biology and developmental psychology shall be the focus of this text.

A brief take on the writings of Freud:

In his work 'Zur Einführung des Narzissmus' (On Narcissism: an introduction), Freud developed his idea of the 'Ego-Ideal' for the first time. He explains it as an internal configuration of the libido: "One loves what one is, who one was, who one wants to be, the person that was a part of the own Self" (Freud 1914: 156). The "Ego-Ideal" is an image of states of well-being as well as an experience of wholeness" (see *ibid.*: 161). It "develops out of the critical influence of the parents" (*ibid.*: 163) and reflects "the mutual ideal of family, its status, its nation" *ibid.*: 169). In the text 'Lectures on the Introduction into Psychology' (Vorlesungen zur Einführung in die Psychoanalyse: 1916) the "Ego-Ideal" is maintained by repression and becomes "a self-observable authority, the Ego-Censor, the Conscience, which keeps the repressed at bay against undesirable emotions – even in dreams" (Freud 1916: 444). The text 'Crowd Psychology and Ego- Analysis' (Massenpsychologie und Ich-Analyse: 1921) finally shows how positive emotion can derive from identification: "The boy wants to be like the father, hence, making fathers his ideal" (Freud 1921: 115) Therefore, the "Ego-Ideal" develops in a process of identification with aspects of the father as well as of future tasks, which pose new challenges for the child.

The identifications become a self-observable, critical authority, the "Ego-Ideal", a notion later described by Freud as the "Super-Ego" (see his writing: ,Das Ich und das Es, 1923). In conclusion, Freud considers "the development of the "Super-Ego [...] as the result of two highly important biological factors; the long period of childish helplessness, the dependence of the human being, as well as his Oedipus complex" (*ibid.*: 263).

Looking at the writings of Perls and Freud, we notice, that they used the notions 'Super-Ego', 'Ego-Ideal', and 'Introjection' synonymously to describe the ethical capacity of human beings. While Freud understands the Super-Ego as an inner-psychic measure of experience with the parents, on which the actions of the Ego are evaluated, Perls writes: "What a child picks up from his caring parents, it will assimilate without harm" (Perls 2015: 60). This means that there is a specific form of healthy introjections.

Yet the main-difference between Freud and Perls is about the long-term-effect of introjection and the question: How are these early experiences taken into the psychic system and in which way do they need to be assimilated? For Perls all experiences of a positive and lasting impact have to be digested and mastered carefully, if they are to become truly our own, truly a part of our Personality. Perl's basic hypothesis is as follows: The psychological process of assimilating is very much the same as the physiological counterpart. All concepts concerning morality and the ethical-aesthetical or even political values, which come from the outer world, have to be assimilated in exactly the same way as real food. "The mechanisms, by which these alien accretions are added to the personality, we call introjections" (Perls 1973: 33). "They have to be

distracted, analysed, taken apart and then put together again in an individual form, which will be the most valuable to us" (ibid.: 34)<sup>5</sup>.

According to Perls the danger of introjection, especially of ethical values, consists of two faults:

1. "First of all the man, who introjects, never gets a chance to develop his own personality because he is so busy holding down the foreign body lodged in his system" (ibid.: p. 34). The background of this position of Perls is his concern: When ethical acting is detached from spontaneity, one loses one's Self. I will show (see chapter II.2) that the quality of the Personality as the ethical function of the Self is not operating on the base of spontaneity.
2. "[I]ntrojections contribute to the personality-disintegration. If you swallow two whole incompatible concepts, you may find yourself torn to bits in the process of trying to reconcile them" (ibid.: p. 34). We will later discuss, what can be done with forced introjects from the childhood as a grown-up by a subsequent acceptance as grown-up (see chapter III.2).

Perls interprets the Freudian concept of the Super-Ego as a moral-instance of control. Being guided by such an instance, means to him a total sub-ordination, the opposite of self-realisation. Supporting independence, individuality and self-responsibility is a main concern of Perls. This has a strong impact on the question of where individual and social ethical thinking and acting come from and what is required to support the development of an individual ethical personality.

Perls suggests to strengthen the ability of differentiating (a strong 'Ego-Function') and the competence to say "No", which includes forms of aggression. He differentiates between a relative and an absolute moral. Therefore absolute and normative morals are according to Perls the result of an incomplete aggression. The advantage of absolute morals is, that they give a feeling of security. Thus, relative morals, are the result of experienced security of a person in order to take the risk to question the absolute of given values (see ibid.: 35). Through a further destruction of moral attitudes through aggression, these relative morals become ethical. What was Perls' suggestion to prevent the danger of dysfunctional introjection in differentiation of the psychoanalytic theory in the late 30s of the last century?

Corresponding to Freud's first well known conception of the (oral, anal, phallic) psycho/psychic development of the human, Perls' first and new concept is also based on universal biological

---

5 You will find many quotations of Gestalt Therapy by Perls, Hefnerline, Goodman, published in 1951. Since readers may have different editions, it makes sense to make the references not by pages, but by chapters – like Chap. X, 8. All quotations from the book come from Volume 2: Reality, Human Nature, and Society: Theory of the Self.

parameters, but this time on a three-step-development of the teeth. Perl's first theory was partly presented at the psychoanalytical Congress in Marienbad, 1935 under the title: 'Der orale Widerstand / The oral Resistance'<sup>6</sup> which he further developed and published 1947 with the title: "Ego, Hunger and Agression". In Chap. IV.1 I will introduce an additional concept of three basic different structures of personalities of O. Rank based on the development of the human will.

**Total Introjection:** pre-dental step-phase of the suckling as an undifferentiated inclusion of the world and of its values.

**Partial Introjection:** incisory phase of the biter as an unprocessed inclusion of clichés, values and conglomerates of images (see the later discussion about this typical structure of experience of the 'self-reflective (neurotic) personality', chap. III.4).

**Destruction and Assimilation:** molar- and dental-matured-phase of the nagger. This complies with the adult, the autonomous individual, which includes but rejects what should not be part of its Personality (see later: the ethical profile of the 'self-confident personality').

The focus of Freud lies on sexuality, libido, and survival of the human species. In contrast to that, Perls' focus is more on the Ego and Personality development, with self-preservation and aggression as the most fundamental aspects of life. The former focus on the Id could be helpful to make more love and no war, where as the latter focus on the Ego and Personality in the Here and Now, might be supportive towards becoming more authentic and selective.

This biological grounding of the human capacity to ethical judgement should stay on the agenda, even though both did not pursue their triple early phase conception much further, to explore even more the different psycho-somatic dimension of ethics and personality development.

What are the biological and neurobiological links for a consistent conception of the development of a contemporary individual-ethics profile? How can one become an individual as well as an ethically responsible person? Fritz Perls' proposal was: By destruction from all, that comes from the outside. Perls' obvious model of a personality is a creative, independent and risk-taking one, not a personality oriented and adjusted to given norms like a well-adapted average citizen.

We can easily see the cultural and ideological background to this viewpoint of Perls as part of the avantgardistic and anarchistic Bohème. Perls was an active member of this scene in the 20s in Berlin. It was the philosophy of F. Nietzsche, which had a major influence on these intellectual circles of that time (see Bocian 2007: 131, see also chapter III,4).

---

6 Perls wrote about this experience in Marienbad, 1935: "Annoying, first break up with the, orthodox'. I know it better than those Gods, they are half-blind!" (Perls 1998, p.116).

These differences between Perls and Freud, coming from two different cultural backgrounds and generations, have far reaching consequences, for the overall theory and methodology of Psychotherapy as well as for the question: What does it mean to support the ethical profiling of a client by therapeutic practice as well as for our (over)individualized societies in desperate need of new parameters of ethical orientation?

Perls's view on the fundamental of an uncritical inclusion of experiences and values into the psychic system, was one reason, which lead him to reject most of the whole therapeutic approach of Psychoanalysis, especially the concept of the super-Ego and the technique of interpretation.

His new direction is determined new values, which were so far not applied within the context of clinical psychotherapy (except by O. Rank, see below), such as co-creative dialogue, supporting the individual will as well as the abilities of self-interpretation, and an assisting therapeutic approach to reinforce one's own truth and strategies of self-development.

It emerged to become a new method of 'individually tailored support' in ethical self-determination, instead of giving instructions or extrinsic interpretations of the client's remembering, and acting. It is a new kind of guidance, of autonomy and individuality – one that considers and respects the uniqueness of the human being, and emphasises the individual will of a personality, which enables and allows him-/herself to say “Yes” or “No”. This new concept was published under the title 'Gestalt Therapy' by Perls (1951).

## II. 2 Personality and Personality-Function

In close cooperation with Paul Goodman and after having moved from South Africa to New York, Perls came to a theoretical and methodological level, which integrated his new idea of a psychotherapeutic conception – this was called Gestalt Therapy, the Theory of the Self.

The key notions within this theory, which relate to Ethics, were Personality and Personality-Function. The theory of the Self as the theoretical corner stone of Gestalt Therapy, which is an appropriate territory for ethical considerations, would be best embedded within the overall theoretical and methodological conception of Gestalt Therapy<sup>7</sup>. Within this theory of Gestalt

---

The full oral theory of Perls can be read in his book 'Ego-hunger and Aggression', written in the early 40s in South Africa and published in 1947. I mention this early concept of Perls, because I will later discuss this kind of bio-psychological structure of dealing with facts and values of life as characteristic of a 'well adjusted, dutiful personality'(see Perls et al 1951, Chap. III, 4).

7 The use of the German word 'Gestalt', as the notion to signify the new therapeutic approach, is first used in the book Gestalt Therapy (see PHG, 1951), which was written by Paul Goodman in close cooperation with Fritz Perls (see: Stoehr 1994: 81ff.).

Therapy the notion 'Personality' replaces the notion of the 'Super-Ego' and the 'Ego-Ideal' of the psychoanalytical meaning of these words.

The following section intends to show, how this Theory of the Self could serve as the conceptual most promising basis to unfold an ethical theory and practice, which is consistent with the overall concept of Gestalt Therapy.

Due to the lack of full elaboration and differentiation at the time of the first publication of Gestalt Therapy (see Perls et al 1951), the notions 'Personality' and 'Personality Function' are often still used synonymously, or have at least not been carefully differentiated in most literature of Gestalt Therapy until now. The notions Ego, Id, and Personality-Function as well as the specific dynamic interrelations of the three functions of the Self at the contact boundary were especially elaborated by I. From (see: Müller 1986). In this respect, Isadore From's careful differentiation has a crucial impact on the embedding of different aspects and concepts of ethics in Gestalt Therapy. This differentiation gained justification by fundamental neurological insight, like that of Canadian psychologist and leading neuroscientist Donald Hebb: The "brain function has to be conceived at two causally related levels: a temporary pattern of activity and a durable memory trace" (Keysers, 2014 p.139).

The intention to develop a contemporary conception of Ethics based on this Theory of the Self, first, refers to what the authors of this theory have written about their understanding of the notion of 'Personality'.<sup>8</sup>

The '**Personality**' as one of the three main aspects of the Self contains mirror images of the Self of a person stored in the mind. According to the authors of Gestalt Therapy (1951) it is an acquired "system of attitudes assumed in interpersonal relations" (Perls et al, Chap. X. 8). This system, called 'Personality', is not fixed. It "is a kind of framework of attitudes, understood by oneself, that can be used for every kind of interpersonal behaviour" (ibid.).

The 'Personality' as one aspect of the Self tells us, who we are and want to be. It is the system of an assimilated ethical sketch of our attitudes, values, ideals and models of behaviour, based not only on one's own interpersonal experiences, but also on the individual and evaluational creative interpretation of these experiences of the protagonist in dialogue with others.

This individually acquired, assimilated and more or less self-created 'Personality' functions as a frame of reference for ethical decision making. "One commits oneself according to what

---

8 I recommend reading the full text Chap. X-XV of Gestalt Therapy (1951) because in this limited context, I can only remind you of some phrases of this most fundamental text of our adventure.

one is, and has become" (*Perls et al: Chap. X. 8*). Ethical values, which emerge as a result of personal experiences within an ethically challenging situation, are not just anonymous pop-ups at the contact boundaries (see Bloom 2007). They are more or less well-assimilated experiences serving as mentally re-activate-able values and guidelines for individually adjusted actions of a person in an actual situation.

The first contours of methodological concepts of Gestalt Therapy and ethics are shining through: in order to be and perform as an ethical personality, one needs an individual, interpersonal experience, which grants enough time to assimilate and reflect these ethical aspects, so that these values and guidelines become an available part of one's conscious and situationally activate-able ethical personality.

The authors of the Theory of the Self also point out, that "the Personality is essentially a verbal replica of the self" (*ibid. 1951: Chap. X.8*). The Personality is different to the spontaneous Self – it is not spontaneous, it is "transparent, it is knowing through and through, because it is the system of what has been recognized" (*ibid. .*). Or one can say that the Personality is the self-reflexive, self-evaluating and verbalized aspect of the Self. Its special function is to guarantee the continuity of the individual identity, which can and should be verbally expressed within oneself and towards others. It's our mental and verbalized archive about who I was and who I intend to become. The personality can be described as the conservative, psychogenetic part of the Self.

The 'Personality' can "hold itself responsible in a sense that the creative Self is not responsible. For responsibility is the filling out a contract... Thus the personality is the responsible structure of the self" (*ibid.*). The 'Personality' of the Self is the structure of the ethical reflected ability to respond.

From the perspective and linguistic usage of neuroscience we can easily identify this part of the Self as the cortical, semantic- and episodic-biographical part of our brain.

Tying up to a particular part of this description of the authors' understanding of the notions of 'Personality' as the ability to self-awareness of the autonomous, responsible, and self-knowing 'Personality' „as the most human as well as specific aspect of the Self“ must play „a definite role in an actual situation“ (*Perls Chap. X,8*). This leads to a further elaboration on the notion of 'Personality Function'.

## **Personality-Function**

In differentiation of the notion 'Personality' as an archive and an assimilated set of ethical values and guard of the personal identity, the notion 'Personality-Function' denotes a specific aspect of the Self in action at the contact boundary. Its function is to inform the other aspects (the Id- and the Ego-Function), of the Self at the contact boundary within a current situation: Who am I right now, who do I want to become and want to be in this real situation (see Müller 1984).

It conducts its information and processes of identification from moment to moment out of the archive of 'Personality' as well as out of given reality and ethical aspects of the actual situation and communicates this with the Id- and Ego-Function. This integration and assimilation of new intrinsic (inner) and extrinsic (outer) information happens according to neuro-scientific concepts of the brain (see Roth 2015) within the Hippocampus.<sup>9</sup>

The Personality-Function provides the Id- and the Ego-Function with evaluation criteria for acting within actual specific situations in an on-going inner dialogue between the three functions: What am I aware of? (Id-Function), who do I want to be now? (Personality Function) and what do I want to do now? (Ego-Function) (see Müller 1986).

The Personality Function also includes specific tasks within the internal dialogue of the different functions of the Self at a current actual situation, like:

- Affect-regulation in the Here and Now in relation to the actuality of a current situation as well as in reference to assimilated individual and ethical values (see: Personality),
- It takes care of the adaptation of the individual needs from the outside world, filtered through the individual ethical profile of the Personality.
- The Personality Function can be seen as a specific disposition to shape present challenges according to the individual ethical profile (Personality) of the Self.
- The Personality Function is especially directed from present to future (see Perls et al 1951: Chap. X).

The Personality-Function of the Self is especially activated in certain contexts –in new events relevant to the individual identity. This function of the Self allows an individual ethically selective reaction within an actual ethical challenging situation. The Personality Function is also responsible for the integration and the continuous evaluation of current experiences.

According to neuro-scientific research, as I will outline in the next chapter, this job of the Personality Function is basically done by the neurological 'moderator' of new experience and contacts, the Hippocampus, in close cooperation with the frontal cortex.

---

9 The Gestalt specific meaning of the term 'Function' in the context of Gestalt Therapy is linked to the Gestalt-Psychology of Max Wertheimer: "If we want to find out, what is true and what is wrong, we have to draw our attention to the role (the function) of a part as a part of the whole of every single circumstance in the whole, from which it is a part of" (see: Wertheimer 1934).

An example to demonstrate an ethical conflict within an ethically demanding situation: a while back, I spent my holidays on a Mediterranean island and returned back to Düsseldorf by airplane. Soon after the start four rows in front of me a man began to riot; he seemed to be drunk. Another man sitting next to me got into a sudden and strong rage and said to me: "I thought, I wouldn't have to see such people ever again." - He did not calm down, even after the man fell silent. Only shortly thereafter, there was an announcement. They asked for a doctor on this airplane. The man next to me cursed first and – because he seemed to be the only doctor on the airplane - finally went to help the flight attendant with the drunken man, who obviously suffered a collapse. When he came back later, I asked him about what had happened. He answered, that he became so angry because he did not want to lose his last hours of much too short holidays. The next day he would have to go back to his job in the emergency clinic as a doctor to take care of alcohol and drug addicts. He obviously did not want to switch his holiday-Identity before the next day. Or: his Personality Function was functionally rigidly supported by keeping up, through deflecting and retroreflecting his identity (Personality) as a holidaymaker beyond the demands of the current situation.

A differentiation of the meaning of the notions of 'Personality' and 'Personality - Function' allows us to bring the different normative and situative aspects of the ethics into a co-responding relationship. These notions seem to be the adequate theoretical framework, on which to build further considerations for an ethical conception in line with the theory and methodology of Gestalt Therapy. The differentiation of these two basic notions of the Theory of the Self of Gestalt Therapy also seems to reflect the actual neurological understanding of the interaction of the frontal cortex (experienced, assimilated ethical values = Personality) on the one side, and the situation-based actual readiness to act in the Hippocampus (for creative adjustment of the new within a current situation = Personality Function) on the other side.

## II. 3 Neuroscience and Ethics

Neuroscience is currently emerging as one of the leading sciences, hence, becoming an interesting challenge also for psychotherapists. But there is still much speculation. The future will show, whether the insights about the neurobiological functioning of the human brain will support the theories and methodologies of Gestalt Therapy on a biological level. The main concepts of Gestalt Therapy, as published first in 1951, are not as oriented on sexual or oral developments any more, but rather on the neurological functioning of the human brain, like heightened awareness, the functioning of the human senses, and affects, impulses and emotions (Id-function), how to construct a sense of reality and how to lose it, the importance of emotions in human relationships as well as in contact with reality, how does one develop an individual will, with the ability to say Yes or No (Ego-function), based on awareness of one's responsibility backed up by individual, ethical, norms (Personality-Function).

The structure and functioning of the human brain is extremely complex. Therefore I will within this limited context only mention a few aspects of some neuro-scientific abstractions of the human brain in as far as they seem to be of interest for our subject of Ethics and Gestalt Therapy as well as for further reflections about the compatibility of Gestalt Therapy and neuroscience.

The best short cut to begin with is to focus on the functioning of the Thalamus, which is a kind of doorkeeper to decide which sensual impressions get access to the conscious level of the human brain. Most of them stay unconscious, like reactions of the body, breathing, but it could be also innate emotional patterns like love, grief, anxiety, disgust, surprise and also excitement, shame and pride (see Ekman 2014: 14). All these emotions have a significant impact on humans' ethical thinking and acting.

Feeling is the notion that describes the process of becoming aware of bodily sensations and emotions, followed about half a second later by a conscious thought: 'It's me, who is afraid'. The level of pure experiencing (see: Id-function) is changing to the level of self-awareness (It's me – what do I want to do? - Personality-Function).

The functioning of these affects like aggression, flight, freeze, is different to feelings, which enable a human being to act in extreme situations. Affect signifies an emerging reaction. In order to develop the capacity to react ethically in a dangerous situation (Ego-Function), the control of this affect must be learned.

There are different neurological ways of processing new information, which are essential for any ethical state and behaviour: the spontaneous way directs arriving stimuli or signals from the outside directly to the Thalamus. The Thalamus sends these signals further to the fast and subconsciously reacting Amygdala-network. An important function of the Amygdala is to prevent the human being from possible hazards.

The Amygdala is a continuously present part of the neuronal network, the limbic system. It is concerned with all kinds of emotions. It is connected with all senses and is always ready to react within less than 100 milliseconds. All basic ethic evaluations in our brain takes place within the limbic system (see Roth 1996: 209). It controls our emotions according to the ethical principle 'either-or' – good for us – bad for us.

It is our personal preconscious alarm system, which is focussed especially on negative or surprising events. It preferably deals with anxiety, disgust and all kinds of surprises and rage. The Amygdala can hardly forget experiences involving negative emotions. There is no doubt, that the Amygdala is the 'chief-employer' for Psychotherapists.

Gestalt therapists which focus on expressions of all forms of emotions and feelings, cannot escape to deal with the actions and moods of the Amygdala. With this alarm-system to differentiate between safety and danger, therapy first of all needs to be a safe and supportive

place in which to offer room to express and experience this negative feeling in order to 'convince' the conservative amygdala to overcome, and allow to overcome, past negative experiences by new positive experiences with the Hippocampus and the cortex-networks.

The second, but much longer, because conscious, way – which is very important for ethical behaviour within a new situation – does not only lead from the Thalamus to the Amygdala, but also to the prefrontal cortex, where the narrative- and episodic-memory is situated. There the arriving signals are evaluated with regard to situative adequate reaction-patterns. At this point, the most important part of the brain, the Hippocampus, is included.

This neuronal connection via the prolonged way of the Prefrontal Cortex and the Hippocampus only takes place, if there is enough earlier acquired experience, which can quickly be activated especially in a situation of demanding ethical actions, but most concerned about a guarantee of enough safety.

This means the individual needs emotional intensive experiences of ethically challenging situations in order to build up patterns of ethical well-reflected reactions within one's long-term memory, which must be offered to the security system of the Amygdala as a better alternative to the innate reaction formations.

The function of the Hippocampus together with the Cortex is also to build the library of our past life experiences in our memory, at best always up to date. It is our neuronal head organizer, who decides to which degree and context new information should be stored in the cortex. It is the generator of new memory. It is also important for situational adequate assignments of memories. For example, it differentiates between the alarm signals of a real police car and an alarm signal in a movie.

Since our focus and therapeutic methodology is not to reconstruct past experience but to enable the client to make new, this time a positive experience in the Here and Now, the Hippocampus is our main neurological partner to be addressed.

The Hippocampus seems to be the most crucial part of the network within the context of psychotherapy, deciding which of the new information to take in and store, if at all any, in the memory. The Hippocampus-network is also a kind of navigation device connected with all sensory as well as previously experienced information, ready to direct humans through all kinds of demanding situations, and to find realistic opportunities within the present situation as well as ethically appropriate reactions within the process of mastering challenging situations.

The functioning of the Hippocampus within a current, ethically challenging situation can be seen as the neurological equivalent to the Personality-Function in Gestalt Therapy (Perls et al 1951) as the part of the Self, which is responsible for actions according to one's conscious self-esteem. The Personality can be related to assimilated experience, values, and sets of context

related reactions stored in the long-term-memory at best ready to be activated within a current ethical demanding situation.

The Gestalt Therapy notion of the Id contains drives, impulses, assimilated sets of desires, and the need to be expressed, as well as unconscious, spontaneous reactions according to the innate function of the Amygdala.

The notion of the Ego in Gestalt Therapy can be seen as a huge library with innate but mostly learned, assimilated patterns of reactions to the demands of the Id, the aesthetic and ethical style of the Personality as well as the outside demands.

This excursion to some basics of neuronal proceeding shows the following: we cannot make complex ethical decisions, without a larger set of well assimilated and stored experiences, with different ethical impact, to which the hippocampus can easily refer to in a current, ethically critical situation. The Personality as a part of the Self is not only dependent on innate instincts for spontaneous actions within the middle mode of awareness, but also on remembered life experiences as well as equipped with a personally acquired sense of inner truth, outer reality and especially interpersonal experience.

These ethical values, emotions and competences for situational adequate behaviours, have to be acquired, based on innate neurological structures through continuous interpersonal experiences and 'exercise' – comparable with the hard work of muscle building until it becomes a part of our 'second nature' (see Perls 1951, XV).

The discoveries of the functioning of mirror neurons by the Italian research team of Parma (Fogassi, L. / Gallese, V. / Rizzolatti, G.) have opened a new territory to comprehend ethical thinking and acting on a neurological basis. Such can be assessed as the biological justification of basic concepts of Gestalt Therapy, relevant to ethical personality development and acting, such as: the dialogical approach (Perls, Buber, Rank), the theory of the Self as a dialogical creator of contact and context, the concept of organism and environment-field and integration of body and mind and, last but not least, the gestalt therapeutic focus on emotions as the language of interpersonal relations.

Within this context I mention only some insights of this worldwide ongoing scientific research on the functioning of the human brain:

“We are not born with a brain, that deals exclusively with ourselves, but with one capable of feeling with other people. Our brain is a set up to resonate with the people around us” (Keyesers 2011: 62f). “The mirror system builds a bridge between the minds of two people and shows us that our brains are deeply social (ibid.: 62). The mirror system gives an intuitive understanding of the actions of other people (ibid.: 24). The original function of the mirror neurons is to anticipate

and to understand the aims and motivations and not so much the exact behaviour of others (see *ibid.*: 49).

Interestingly Perls writes: “Self, the system of contact, always intergrates perceptive-proprioceptive functions, motor-muscular functions, and organic needs. It is aware and orients, agresses and manipulates, and feels emotionally the appropriateness of environment and organism” (Perls 1951: X.3)

The basic characteristic of the mirror neurons is, that the visual and auditorial perception of other people activates directly the same regions of one’s own brain as if one would perform the same activities as the perceived person. “The mirror neurons are the result of a particular pattern of connections between visual, auditory, and motor-related regions of the brain. It might be that the stronger the connections, the more automatically we share the actions of others, and the more we are drawn into seeking things from their prespective (*ibid.*: 50). This means that “when we see someone being touched, we intuitively understand that the other person experiences touch. It turns out that our somatosensory system then becomes activated as if we were being touched ourselves” (Blakemore, S.-J., in Keyzers 2011: 128). Through the further activation of other parts of the brain (the Medial PreFrontal Cortex) we realize that it is not me, who is touched. Out of this check up of the inner state of the body and control of visceral reponses (The Insula) empathy (may) emerge(s). To understand the physical and emotional state of another person we can follow confidently the recommendation of Perls “lose your mind and come to yours senses”. With words of Keyzers: “The classical divide between self and others and between body and mind becomes fuzzy and permeable in this process. The mind-function of predicting another’s behaviour is now based on the natural representation of the observer’s own body and actions, it becomes embodied” (Keyzers 2011: 32).

These few drops of quotations, out of a huge and most complex body of neurological research is hopefully enough to stimulate your curiosity about the resonance between neuroscientific discoveries and gestalt therapy concepts. This brief section, points to the much deeper potential explorations of the promising similarities between the latest neurological findings and the theoretical and methodological body of insight and visionary speculations of Gestalt therapy, particularly when this can be applied to working concepts and methodologies related to the development of an individual as well as of an ethically creative adaptable personality.

How, and with what content and kind of specific experience, must this mirror neuronal system of our brain be exposed to channel neurological networks for an individual as well as for a creative adaptable ethical personality?

### **III. Basic paradigms of an ethical conception of Gestalt Therapy**

The question as to why the human being is social seems to me to be a psychological problem (...), based on the fact, that the human being is not only an individual, but as such also a part of a larger whole. (*Rank: 1936: 100*)

This chapter is about experiences to be unconditionally accepted and loved, the development of one's individual will and self-responsibility; how to create one's individual lifestyle, how to take risks and be a hero as fundamental to the development of an ethical profile.

#### **III. 1 Ethics, Love and the Thou**

Within our considerations about how man can be enabled to develop a self-created ethical identity (Personality), some basic experiences for the unfolding of an individual ethical profile need to be further explored. So far we dealt primarily with the theoretical, especially some biological, concepts as possible foundations, on which a Gestalt therapeutic ethical conception could be based on. We now look for specific experiences of content and supportive structures, which enable a person to develop, or even create, its own individual ethical framework for a flexible as well as reliable ethical involvement.

In order to do this, I would like to invite you to, first, take a closer look at the fundamental experience of being loved and accepted as one of the most fundamental preconditions for developing an individual and interpersonally reliable ethical profile. It goes beyond the biological, and is not primarily a matter of the sexual or oral development, it is the interpersonal experiences of being loved, it is the contact with others, which are the main forces to give human beings the basic experience and specific content for the development of an individual, ethical profile.

The experience of being loved and the conscious acceptance of being loved by others as 'the person who I am' is a crucial and basic experience to develop an individual identity and an individual (intrinsic), ethical profile. Without self-acceptance one can hardly accept others.

The self-acceptance psychologically develops through more or less positively mirrored reactions of acceptance and love from other people (see: Perls et al 1951: Chap. V,8). Of course, these experiences of being accepted have to be generalized or symbolized from sustainable experiences with other to an overall inner psychic ethical states and a situational specific set of values, neurologically stored in the long-term memory, in the prefrontal cortex (Personality), available for the organizing network of the Hippocampus (Personality-Function see chapter II,

2-3). This fundamental experience of being accepted means to say: I am o.k. as a person, even if I acted in a way, which does not fulfil my own or other people's ethical expectations.

An experience of a You and acceptance may lead out of the individual's isolation, but also to a surrender and loss of one's individual will (at least for a moment). Neurosis for Rank is a basic ethical problem, a lack of the ability to balance wishes coming from inside and demands from the outside, causing feelings of guilt, anxiety and more (see Rank 1928 / 1962: 237).

In his publication *Gestaltung und Ausdruck der Persönlichkeit* (1928), Rank addresses Freud noting that the therapeutic situation is not only 'Übertragungssituation' (a situation of transference), but also indeed a real, emotional relationship. Therefore the theoretical framework of the therapeutic situation cannot be an objectifying Id- or I-Psychology, but first and foremost an I-You-Psychology, or in other words a philosophy and science of human relationships and an art. "The psychological itself is only to be understood phenomenologically (...) in this psychical sphere there are no facts but only interpretations of facts" (Rank 1928 / 1962: 230). Hence, from a therapeutic point of view, encouraging the development of the ethical, is „not focused on any specific ethic, like sexual ethics, but the ethical per se, which develops essentially from the relationships between human beings – as presented in essentials in the analytic situation“ (Rank: 7).<sup>10</sup>

Only the mechanism of falling in love could be studied in the client's I. Yet the ethical element of the client cannot be understood without an exploration of its relation with a real person, which is the therapist. Only in a I-You co-creative relationship can the ethical profile of the client be experienced, understood, and changed.

It might surprise you as postmodern reader and Gestalt therapists, that this fundamental ethical concept of self-acceptance through being loved by a significant other person, we historically owe to none else than our early Christian ancestors - not to the later dogmas of the Christian Church - but to the teaching of Paul of Tarsus and his life profile changing experience in Damascus, the beginning of calling oneself a Christian, which according to Paul means nothing else than being a person, accepting to be unconditionally loved by God.

Do not worry, writing so much about Paul does not mean I want to convince you to become a Christian through the backdoor! Rather, I only mention these ancient roots of self-acceptance and self-determination, to remind us of the profound spiritual, psychological and not primarily biological force (sublimation of a sexual drive, a special way of eating) our therapeutic ethical

---

10 Rank used, even after he separated from Freud (1925) the notions 'analysis' and 'analytic', although since 1931 he no longer considered himself as psychoanalyst (see Rank 1936: VIII).

conception is grounded. A purely emotional interpersonal related concept, like ethics, can neither be reduced to the drives, nor to a biological cause, but rather to an equally strong psychological principle.

In order to explore these cultural roots of self-acceptance more deeply, I ask you to follow me in picking up some more of Otto Rank's anthropological argumentation concerning the spiritual and cultural origin of ethics, especially concerning how to gain self-acceptance and an individual ethical profile through the experience and acceptance of being loved (see Rank 1941).

As Rank points out, at the time of the early Christians it was an absolutely new viewpoint to develop individual and social ethics, determined not any more by introjecting the collective, authority's (extrinsic), rules, but solely by the self-authorisation of the individual.

The main-function of this well-known (but through history mostly religiously interpreted connotation) special love-affair between God and men, which is the main content of the New Testament and one fundamental of our culture is to establish in man an internal and lasting experience of being justified as the person who she / he is, not justified by an authority on earth, but by an individually related spirit called Love / God.<sup>11</sup>

Not only in these ancient times but until now, this culture changing message still needs to be fully understood: No more eternal punishment because of violation of the commands of any revengeful God. No more dependency on kings or any powerful individual or social community. No more need for justification as to who I am or whether I do have the right to be. I am loved and loveable as I am. I am ok as I am.

Even today, what is most surprising about Paul's teaching, is, according to Rank's profound analyses, that the only meaningful proof of the existence of God can be conceived in the human experience of being unconditionally loved and accepted (see Rank 1941: 173 ff). This presents an idea of a God, who does not need to be proved in any kind of objective reality but rather has an effect inside of the human by manifestations of an accepted illusion in the form of a mirrored experience of oneself as being lovable and being o.k.

Not only, this idea shows the importance and power of illusion, which Freud saw as a neurotic defence and not also as a powerful human force for self-legitimation and individualisation.

---

11 For Rank the belief in God as an almighty God of love is seen as a functional creative projection of the human being. In his opinion this projective process is not a neurotic mechanism but a necessary process in order to experience the outside world, to understand and to accept those things, which originate from within one's own Self. We are projecting parts of what we are not yet aware of, so that we are able to see, to consider, to love (believe) and to accept it (see Truth and Reality / Rank) (vgl. Perls and his conception of dream work: own your projections in the dream; identify with each part of it). The idea of a God in heaven who loves me/us is a big idea, a dream to identify with.)

This reference to the teaching's of Paul of Tarsus may remind us of the teaching of M. Buber and his influence on Fritz and Laura Perls and their transformation of his philosophy (I and Thou) into one of the most important conception of healing of Gestalt Therapy. This influence is well known and most important for the specific ethical state of a Gestalt therapist. In his book 'Ich und Du', published in 1923, M. Buber develops his conception of the relatedness of the individual's I: „Basic words are not simple words. They are twosome words. There is no I per se, but just the I, related in the word as I-Thou. When man says 'I', the twosome word I-You is spoken. The mere word I-Thou creates the world of relations (ibid.: 6). The religious, spiritual centre of Buber's I-Thou philosophy is shining through: „In every Thou we are addressing the Eternal (...)“ (ibid.: 7), and: “the prolonged lines of this relation cross in the eternal Thou“ (ibid.: 91).

Buber's dialogical concept of healing, through the encounter of an 'I with a Thou', merging into a whole and allowing a person to re-emerge spiritually renewed in his or her singular individuality, is broadly discussed in Gestaltherapist literature. Yet it is rather mingled with a religious, metaphysical belief, and it is not explicit enough how such a spiritual interrelatedness has such an important psychological influence on individuation and on man's ethical profiling.

However, Otto Rank's profound anthropological and psychological research on this fundamental subject, which offers additional insights into the need of illusions for ethical development, is still hardly known.

Simultaneously with Buber's "I and Thou" (1923), Rank writes in "Trauma of Birth" (1924), - which led to his separation from Freud-: "In human relationships, especially in love as an experience of being one with all, there is no intervening space, there are no longer two, but both are one" (Rank 1924: 176). And further referring to Hinduism: "I am in you, and you are in me" and to islamist mystics, Rank writes "The Ego and the You have ceased to exist between us, I am not I, you are not You, also You are not I; I am at the same time I and You, You are at the same time You and I" (ibid.: 177). Love abolishes Egoism, so Rank states: "It merges the Self in the other to find it again enriched in one's own Ego (...). To find oneself it may be necessary to lose oneself, if only for a moment (...). What is unique in love is that (...) beyond the fact of uniting – it not only rebounds on the Ego (...), I love the other as my Ego, as part of my Ego, but the other also makes my Ego worthy of love (...) and thus places a value on one's own Ego" (Rank 1927: 153ff.).

But this fundamental ethical and psychodynamic concept of the reciprocity of Self-Acceptance through the love of a You, has for many people an insurmountable hook, which is: It is not as easy as it seems to accept the unconditional Love, even if it is given free and heartily by others. It asks to surrender to let go of the individual will.

In Love, as well as in art creation, obtainable by surrendering willingly into the deepest possible experience of empathy, the "dissolution of (...) their individuality in a greater whole, enjoy, as high pleasure, the personal enrichment of that individuality through this feeling of oneness. They have

yielded up their mortal Ego for a moment fearless and even joyful, to receive it back in the next, the richer this universal feeling” (Rank 1932:110).

“Lose your mind, let go your boundedness come to your senses in the fullness of the experience in the Here and Now”. As Gestalt therapist we would say: This kind of experience is to Rank “the echo of an original identity, not merely of the child and mother, but of everything living - witness the reverence of the primitive for animals. In man, identification aims at a re-establishing of a lost identity: not an identity which was lost once and for all (...) but an identity with the cosmic process, which has to be surrendered and continually re-established in the course of self-development” (Rank 1932: 376).

The psychological dynamic of this unity is, according to Rank, rooted in the prenatal condition, “which the individual in his yearning for immortality strives to restore (...). The child in its early stage of individualization is not only factually one with the mother but beyond that, one with the world, with a Cosmic floating in mystic vapours in which present, past, future is dissolved. The individual's urge to restore this lost unity is an essential factor in the production of human cultural values” (Rank 1924: 51).

This speculative viewpoint could be in as far more gratifying than any scientific explanation of the magic of birth and the miracle of individuation, “it admits the Unknown, indeed recognises it as the chief factor instead of pretending an omniscience that we do not possess” (Rank 1932: 44).

For Rank the therapeutic relation must be not only something other than subject-object and even more than a subject-subject relation, but a specific dialogical relation founded on the experience of acceptance and love (see Rank 1941).

The function of believing in such a 'God of Love', such a spiritual force, greater than man, beyond one's human individual Self, lasts longer than single experiences, because it is believed and experienced as absolute basic trust. This is a very central psychological process in order to become an independent being, beyond following moral commands from other people. This former metaphysical, yet also profound psychological concept, goes beyond mirroring the love of a person, as an individual personality is a cultural creation that initiates the development of self-responsible ethical individuality.

Paul of Tarsus calls this interpersonal concept of love 'Agape', which means: A human person on its way to becoming an individual does need the 'love of a Beyond', the experience of an absolute, unquestionable love in order to accept itself, not dependant on other human authorities (see Rank 1941: 173 ff.) - or in the words of Perls and Goodman: The Personality can be seen as the system of the attitudes between personal relationships (see Perls Vol.2.chap. X.8.).

In cultural, religious history as well in the practice of psychotherapy as in child education it sometimes seems to be forgotten, that this kind of love, called 'Agape', must also include the possibility and the need of resistance against this offered love, especially for the sake of

individuation, which is primarily based on the individual will – to say NO, to the overwhelming influence of the parents, of norms of the society, to the codex of religious believers, most strongly experienced during the phase of puberty, but not only, as we know. This specific kind of love, Agape, includes expressing one's unique ideas and one's own will, what ever that may mean for the individual.

This deep psychological inside of the closed interrelatedness of unconditional love and individual freedom – to say NO or even of doing wrong - is symbolised in the early Christian notion of 'Unconditional Love of God' as well as in the saying of Jesus on the cross to the murderer hanging next to him soon to die: "You will enter Paradise today together with me" (see Bible; Lucas, 23.43).

You might recognize this concept of Agape from 'The Paradoxical Theory of Change': "Change occurs when one becomes what he is, not when he tries to become what he is not" (Beisser 1979: 77).

This reintroduction of the concept of Agape by the (Jewish) Anthropologist and former Psychoanalyst Otto Rank in his posthumously published book 'Beyond Psychology' (Rank, O. Beyond Psychology, posthumously published 1958) into the anthropological and psychological discussion about human relationship and psychological development is fundamentally different to Plato's, Freud's and Reich's understanding of Love. Plato recommends sublimating love into platonic love as a power of reasoning in order to become an ethical, good citizen.

Freud's and Reich's recipe to become a less neurotic and ethically more well functioning person was to free sexual impulses from their moral determinations. It was Rank, who pointed out that the human search for spirituality and illusions are not signs or manifestations of Neurosis (Freud), but even fundamental to any development of an individual self-responsible personality beyond depending on collective moral-systems and social authorities

With his reintroduction of the concept of 'Agape' and the importance of illusions into the psychological and ethical discussion of the 30s of the 20<sup>th</sup> century, Rank as Buber, followed by Perls, opened new doors to understand the human being, not determined only by biological and social forces and not separated from others, but as a self-creative and ethically self-responsible being, able to justify one's own style of being and acting by projected and for the sake of individual autonomy, generalized beliefs and illusions.

From the spiritual depth of self-acceptance and love as the background and foundation of ethical decision-making of the individual personality, I invite you to now move directly to the big swing boat of humanity: The consciousness and the will as the two big interplayers of all ethical conceptions. All our ethics and legislation are based on the principle: Without a conscious will, able to meet and to deal with the inside needs and outside reality, there is no individual ethical responsibility. How do we Gestalt therapists regard this fundamental concept of the consciousness and will in relation to the profiling of an ethical personality.

### III. 2 Ethics, Awareness, Consciousness the Individual Will and Emotions

„Ich will!“

Das Wort ist mächtig

Spricht's einer ernst und still.

Die Sterne reißt vom Himmel,

Das eine Wort: „Ich will“.

"I will!"

The Word is mighty

If said earnestly and calmly,

It tears the stars from the Sky,

This single word: "I will"

*Johann Wolfgang von Goethe*

Our research for a contemporary concept of Ethics in Gestalt Therapy can not bypass the following question: What is our understanding and our notion of the human will, which enables the human to develop his individual self-determined ethical profile?

In 'Gestalt Therapy' (see PHG 1951) the notion of 'will' is not used at all. On the theoretical level the notion 'Ego-Function' is used, instead. I argued (see Müller 2003) that the notion 'Ego-Function', which intends to include the whole contextual aspect of this steering capacity of man, can be taken as a structural and lingual equivalent especially of Rank's understanding of the will (ibid.). This goes well with the later insight of the mirror neuron scientist: "The motor cortices in which we program what to do next, the theatres of free will and individual responsibility, turn out to mix our own will with the actions and intentions of others" (Keysers 2011: 221). The will is a function of the organism environment- field.

Yet in the therapeutical practice of Gestalt Therapy the word 'will' is used quite frequently when asking the client questions like: "What do you want to do now or next?" And above all, in our common use of words the word 'will' is highly connoted with ethics and the individual responsibility. Perls writes: "The neurotic does not have enough self-respect and emotional self-support. Therefore the will is of great importance." (Perls, 1980, p.141)

In order to get a clearer idea of how ethical self-determination could be conceptualized within the Theory of the Self of Gestalttherapy and how to get a clearer idea, how the Ego-Function (Yes-or No-Function), the human's individual will, emerges to an autonomous human force, there is no better resource than Otto Rank's most fundamental work on the cultural and psycho-genetic

development of the human will (see Rank: Will therapy (1936), Beyond Psychology (1941), and Psychology and the Soul (1930)).<sup>12</sup>

In Rank's writings on Psychology, the individual will is the key concept. Rank defines his concept of the will as "an autonomous organizing force in the individual, which does not represent any particular biological impulses or social drives, but constitutes the creative expression of the total personality and distinguishes one individual from another. This individual will – as the uniting and balancing force between impulse and inhibitions – is the decisive psychological factor in the human behaviour" (Rank 1941 / 1958: 50). It is a human force in itself, independent of sexuality, and able to oppose even biological drives. Without an individual, conscious will, there is no responsibility, no Ethics. According to Rank the loss of the individual will is the cause of all psychic miseries; similar to Gestalt Therapy, where the loss of the Ego-Function is the cause for all psychic sub-functioning (Perls et al 1951, Vol.2. Chap.X).

Just to be reminded: in Freud's theoretical concept, the individual will is quite weak, being more or less a victim of the struggle between the Id, the drives, and the Super-Ego, at most a wish, discovered at best in the dream.

Rank defines the human will as "a drive, which is domesticated by the consciousness to a geering function within the Ego-sphere. It manifests itself towards the outside world in a creative way as an expression of the will and a self-inhibition / counter-will towards the inside", independent from sexual drives (see Rank 1929: 11).

## **A Concept of the Development of Ethical Self-Determination**

How did the individual human will, the powerful Yes / No- Ego-Function and even more, the capacity to create individual ethical values, develop?

Rank describes the phylogenetic development of an individual will in close connection to the increase of Self-Consciousness of the human being and, thus, the liberation from the determination of the instincts as follows:

As long as the instinct-determined unconscious will was only a commentator of outer stimuli and inner impulses, the human was completely at one with his- /

---

12 Taylor Stoehr, biographer of Paul Goodman, confirmed that the Gestalt Therapy focus on the Here and Now and the idea, that neurosis is a 228creative adjustment just as any other, has its roots in the work of Otto Rank (see Stoehr 1994) and see also Rank 1930 and 1932: 212).

herself - like in paradise in harmony with nature, or as we would describe it, in a state of awareness continuum (Rank 1929: 31).

Especially in connection with an outside conflict, an unavoidable inner ethical conflict might emerge, when the possibility of an independent statement (“What I have to do, I do not want!”) is emerging and became possible through the increase of self-consciousness which emancipated from the instinct determination: “I want, what I have to do instinctively”. In effect, this leads to the human independence of the instinct determination (see *ibid.*).

This detachment from its compulsive instinct, accompanied by an increasing awareness of reality and the self, finally led to a fundamental change of the consciousness and of the will of the 'human animal' species. This fundamental change happened during a long phylogenetic process thousands of years ago. Yet it still is a task for our individual ontogenesis and even our daily awake and sleep rhythm, awareness, consciousness, will and acting and relaxing.

This conception of Rank helps to clarify the specific interrelatedness of important aspects of ethics: the reasoning and emotion, the (self-)awareness and consciousness, the individual will, responsibility, and creativity. Perls transformed these different aspects into a process of contact-making and withdrawal (see Perls et al 1951: Chap. XI).

This awareness, which had originally only been an accompanying aspect of the instinctive wanting (I'm just aware of what is happening, the 'middle mode'), finally emancipated itself from that contemplative role turning into a self-conscious will in order to become an independent psychic force, which was then able to support actively man's instinctive, spontaneous intentions as well as to purposely inhibit human's natural drives, which are basic mechanisms for acting ethically. Step by step, this independent psychic force finally became the self-consciousness. This enables us to say: It is me, who is wanting this, who is getting even creative through the ability of being self-conscious, first in a negative way (denial): No, it is not me, I do not want it (see: Rank / *ibid.*).

Becoming conscious for Rank as well as for Gestalt Therapy means to become aware and able to verbalize one's own feelings, emotions and intentions to act (act of will) in the Here and Now. This differs to other concepts like Psychoanalysis and Behaviour-Modification, which make the client conscientious by the therapist's interpretation or concept of behavioural change. One cause of a lack of an ethical sense and involvement is a denial of one's own feelings, of empathy within a current situation.

Rank anticipates Perls's concern about the necessity for the destruction of all that is coming from the outside. In Perls's own words: “destruction can be seen as an indispensable prerequisite for individual appropriation of the outer contents and ethical values” (see Perls et al 1951: Chap. IX).

As you might know from your own experience of watching small children on their way to becoming individual beings, they first say “No”.

Another genuine psychological question is: Where does this specific human ability for ethical evaluation and judgement ('I shall not' - 'I do not want'), as well as the human ethical thinking and ability for responsible acting, come from?

This decisive step forwards to an ethical self-determination happened according to Rank, when man turned its specific ability for conscious awareness, which is usually directed outwards, towards his own inside. By doing this, the self-conscious human began to explore and to determine its inner reality: Who am I? – Who do I want to be?

This human capability of awareness, consciousness and self-consciousness has a double effect: When awareness and consciousness are targeted inwards as an act of self-sensing and self-reflection, it has what Rank calls *an active* as well as a *passive effect* (see Rank 1929: 41 ff.).

The **active effect** of this turning inwards is experienced as awareness of one's body, emotions and of mental activities. This is usually explored intensively in all Gestalttherapies by exploring the Id-Function at the contact-boundary: What do you feel, what do you need next? Or within the notion of the neurological circuite: The Primary/ Secondary Somatosensory, the Insula and Anterior Cingulate Cortex.

The more hidden, or **passive effect** of this turning inwards of self-consciousness, is manifesting itself by creating through interpersonal experience specific ethical and aesthetical norms, which transforms the innoted basic commands of the instincts and thus become individual conscious guidelines and values to justify one's individual (ethical) actions on a cognitive level (see frontal cortex and hippocampus). The development of this function of self-creating ethical norms beyond biological and external determination makes the human being able to evaluate what is right and what is wrong for oneself within a concrete situation. This function is represented in Gestalt-Terminology by what we call 'Personality' and 'Personality-Function' as well as in Neuroscience, that shows clusters of neuronal networks established within the cortex (long-term-memory) work in close cooperation with the Hippocampus and other parts of the brain like the Medial PreFrontal Cortex.

Without referring to these inner ethical norms (stored in the 'Personality- archive'), acquired through interpersonal experience, no ethical action as an individual responsibility would be possible.

As we mentioned above (see II.3) about the interpersonal functioning of our brain, the human motion plays a central role in our ethical navigation, especially in interpersonal relations. To Gestalt Therapy “an emotion is the integrative awareness of a relation between the organism and the environment. As such, it is a function of the field ”(Perls 1951, XII.6) and “Emotions are the most important tool of the human ability to make contact” (Perls,1980. 136). “The emotions

are means to cognition. Far from being obstacles to thought, they are unique deliveries of the state of the organism / environment-field and have no substitute; they are the way we become aware of the appropriatedness of our concerns: the way the world is for us (Perls, 1951 XII, 6). Consequently they play a central role within the psychological concepts and therapeutic practice and training (control of counter -transference) of Gestalt Therapy.

The latest insights of neuroscience confirm this outstanding focus of Gestalt Therapy. Keyzers (2011) writes: “The Insula, in which we sense the emotional state of our own body, also reflects the emotions of others as if they were as contagious as Influenza A. The somatosensory system, traditionally thought to be devoted to 'proprioception', the perception of the self, represents the state of other people's body as well” (Keyzers 2011: 221).

This does not mean that the sole functioning of the mirror neurons and the awareness of one's own transphysical connected emotion with others is enough to handle all the demanding ethical challenges of life. Our decision to do an action or not, requires also a balance between the benefit this act will have for ourselves (see: brain part: nucleus accumbens; hormone: dopamine) and the vicarious consequences of that these shared neurological circuits make us feel. Keyzers recommends: “Linking mirror neurons and shared circuits to morality helps us understanding the inner voice that tells us that hurting others is bad” (ibid.: 222)

Awareness, love, emotions and the individual will are indispensable ingredients for the human's effort to become an individual with an ethically creative adaptable personality. But what happens if one is stuck in his or her habitual worry or comfort zone, living on a low level of happiness, and social ethical commitment? How can, we as gestalt therapists, support our clients and co-citizens to change aspects of their identity and life conditions, and to take more risks, in order to grow as an individually ethical committed personality?

### **III. 3 Ethics, the 'Here and now', and Change**

Creative judgement

is not just an excuse for social violation.

It is a testament to the nature of being human. (Polster 2015: 173)

I suppose, you are well familiar with the theoretical and methodological meaning of the Here and Now in Gestalt Therapy.

The concept of the Here and Now is absolutely central to Gestalt Therapy. Ethical acting in the past can be reflected or for the future intended, but only in the Here and Now executed. In therapy we focus on the *present experience*, in which we have the whole reaction pattern of the past and the present experience and the future expectations in one. We see limited therapeutic

use of looking at past experiences as causes of psychic dysfunctionings. We prefer focussing on the present experiencing, where the therapeutic enacting becomes dynamic and constructive. Ethical action in the past can be reflected for the future intended, but only in the Here and Now executed. In therapy we focus on the present experience, in which we have the whole reaction pattern of the past plus the present ones. I think you are best familiar with the impact of this concept of the Here and Now.

I hope you will follow me again on a journey back to some other basic psychological aspects for a contemporary conception of ethics, which we, as Gestalt therapists, could share with Rank and his profound interpretation of the teaching of Paul of Tarsus: The power of change in the Here and Now.

It was Paul of Tarsus, who created a fundamental new psychological and ever lasting solution for a creative renewal of one's individual identity caused by oneself: his fundamentally new idea at that time was: your new and better life and identity can start right now, in the 'Here and Now'. Do not cling to the past, do not wait for a rescuing future, and do not wait until you will be in heaven! And do not wait until you finish 100 hours of Psychotherapy! You can change all yourself right now! You can be a different person right now! Within this perspective the meaning of the notion of 'Now' is more than just a temporal one. It is the notion of 'be yourself, empower yourself NOW!'.

With his new idea Paul also legitimised the creative self-empowerment to change, as a task of self-responsibility, and into the Here and Now for the very first time. Do not project your empowerment to somewhere else. Be great and grateful to yourself

What Paul of Tarsus created way back then, was a totally new interpretation of the idea of the resurrection from Death to Life. It was a heroic concept of the individual's own self-succession in the Now instead of the biological succession (by reproduction) as a new personality in the present, which opposed all religious concepts of the strive for human eternity in those days but even in our times. This new idea opened the possibility to comprehend one's own personal transformation to a new and better life, and one's own personality, through a psychological second birth in the Here and Now. This was a fundamental cultural and psychogenetic new step from an outside, external determination towards psycho-genetic self-support, as an internal concept of individual self-creation.

In all religion and social political tradition before, a person needed a collectively and strongly controlled approval to live an individual extraordinary lifestyle. Only through complex traditional patterns, until then, was it possible to become an individual hero or king through a collectively arranged ritual ceremony, in which an individual could be temporarily lifted beyond his collective ordinary life. This might remind you of some ritually arranged transformation, as a client or student, within a Gestalt workshop of several days. "Heureka!", Perls used to say in those moments, after someone went through the 'impasse'.

Paul of Tarsus promoted the idea, that everybody should be able to decide on creating his own new identity in the 'Here and Now'. "Since then this individuality must not be seen anymore as an exclusive privilege of some saints or heroes, self-empowered and self-created, but as a possibility for and as a prototype of any man" (Rank 1941: 159).

This independence from others and the becoming of an ethical self-determined personality also has a big hook: The less one uses extrinsic collective legitimation for one's individual being and (ethical) acting, the more one needs self-created ethical norms and a self-created and well-assimilated ideology for one's self-justification. This means: the individual independence from collective ethical norms needs a wide range of well assimilated experience of ethical situations, strong willpower in order to self-justify ethically one's own action in the Here and Now. Just like an artist needs either an adopted or self-created aesthetic ideology to justify one's aesthetic profile and art.

The more somebody becomes an ethical self-responsible personality, the more one needs reliable self created ethical inner (intrinsic) norms and strategies as an alternative to adopt collective norms and (extrinsic) approval.

To live in the Here and Now as an ethical responsible person means not only to have a wide range of experiences to be able to act within an ethically challenging situation – it also means to be able and willing to activate these experiences and self-created norms to adjust those to the demands of the current situation. The insight of the mirror neuroscientist supports our beliefs, that our "sensations, feelings, ethical intentions and willed actions are from the very beginning interconnected with an organismic system of interpersonal exchange beyond the individual person (see Keyzers 2011).

This insight makes obvious again, how important it might be to address directly, within a current therapy, not only the abstract individual ethical norms of the client, but also to support the becoming aware of the emerging individual values and absence of values within the interpersonal therapeutic process.

Of course, one can also exaggerate and become dogmatic or rigid with one's own self-created beliefs and values.

Or as our narcissistic companions, who too easily legitimize their self-created ethical norms and truths according to their individual needs and beliefs of their isolated, yet projective expanded Self. There is a dysfunction of their mirror neurological system, especially with the feeling of empathy and a need to deny the fact, that individual ethical values are made of interpersonal emotional experiences.

The creative individual personality is, with his inner ethical navigation system, not just striving for individual survival but is connected with, and is a part of, its social context and also, the dimensions of his / her beyond, be it as a believer in religion, be it as an ideal Self, or the

beyond of a truth of art, in which the individual is able to summit and thereby to expand his / her ephemeral Self (see Rank 1941: 194 f.).

### III. 4 Ethics and Aesthetics

Within the context of ethics, the aesthetic can be seen as a corrective aspect of the ethics in as far as it points out the non-functional aspects of ethical thinking and behaviour. The aesthetical aspect of ethics is also connected with a meaningful wholeness with the unity of human life; it emphasises the awareness for the entity of human life in its different expressions (see Seel 1996: 18).

This holistic approach of Gestalt might easily bring the two terms 'Ethics' and 'Aesthetics' on almost the same level. Yet neither a human being can be put on the same level as a work of art – nor is it possible to put a work of art on the same level with the existential whole of a human being.

The term 'aesthetic' is frequently used in connection with Gestalt therapeutic practice (See: Gestalt Therapy in Clinical Practice. From Psychotherapy to the Aesthetics of Contact; published by: Franscesetti, G, et al 2007; see also: Conference program: The Aesthetic of Otherness; Taromina, Sep. 2016). It is worth having a look as to whether the use of the ambiguous notion within a therapeutic and ethical context is justified beyond the domain of art.

The notion of an individual ethic asks for the best lifestyle of the individual. The Aesthetics can be seen as a partial aspect of Ethics in as far as both are asking for the specific conditions of a good lifestyle – not in a moral way, but concerning the individual's favourable living conditions.

The term 'Aesthetics' is not only related to abstract norms for evaluating art. It is also related to best practice and to the possibilities of living a successful life (see Seel 1996: 15).

Yet a good individual life cannot be separated from general living contexts – that is why aesthetic is an element of social Ethics. Perls writes: “it is impossible for anyone to be extremely happy until we are happy more generally. Yet if we get into contact with this terrible actuality, there also exists a great possibility in it” (Perls et al 1951, Chap. I, 12).

The Greek term 'αἰσθησις – aīsthēsis' means 'theory of perception' - a perception, which is passed through our senses and which contains an affective as well as an imaginative attention (see Seel 1996: 14). The aesthetic perception implies a certain human attitude towards reality. It consists of a certain perception of a perceived object, as well as the process of perceiving itself.

An important characteristic of aesthetic perception is a specific kind of attentiveness towards the given space and time phenomenon. It is characterised by an on-going modification in the here and now (ibid.: 52).

Imagine, it is the evening, and you are on a street, waiting for a bus. It is raining. You relax. You first see the lights as traffic lights and then only their reflection on the wet street. For some moment you perceive these lights as a pure interaction of different colours, structures and phenomena, no longer in connection with their function or any other background. For a moment you moved into a state of aesthetic awareness.

This example shows: Two special features characterize an aesthetic perception: It is process-oriented and self-referencing. Process-orientation has its aim in a perception from moment to moment. Aesthetic refers to the sensual and mental comprehension of this process-orientated perception. It is an attention, which is motivated not because of any purpose or function – but because of its perceiving experience as such. That is why it is following a specific tense of aesthetic perception: the mode of lingering (see Seel 1996: 50). The middle mode of awareness in the here and now, as we Gestalt therapists would say. This mode of lingering in the present does not exclude past or future – it is about lingering in perception, which is closely linked with the attentiveness of the temporal processes of the object of perception.

This aesthetic way of self-reference does not primarily represent the perceived, but the act of perceiving itself. It is a way of perceiving of seeing, feeling, tasting – only as far as it includes our imagination (see Seel 1996: 51).

The aesthetic way of perceiving is not only a temporal, but also a spatial phenomenon, because it contains the awareness of spatial relation (for example: A painting on a wall is not only an object in a room, but it is in a spatial opposite to the perceiving person). We search for the right distance to see and to get the right relation to be able to 'experience the picture'.

In this lingering aesthetic way of perception of space and time we might also become conscious of our bodily physical position as well as of our own special qualities, relations and positions within a specific location. That is why all our personal sensitivities are very important for this process of aesthetic perception.

Although we should be attentive not to confuse the difference of art creations and creativity within the context of therapy, I think that Gestalt Therapy with its profound concept of the awareness continuum and phenomenological approach can be denoted as a specific way of therapeutic encounter, which can be described by good reasons with notions like aesthetic. This aesthetic quality of the 'awareness continuum' could even be seen as a crucial key to an auto poetic process of integration – a potential high of therapeutic effects. At the moment in therapy, when the preliminary work is done, when the clinging to the past can be left behind and the conscious will, with its demand for solution is fading within the phase of full-contact, when there is no more time or space left for thinking about past problems, then the spontaneous Self is able to do its work without much conscious control. "Nature Heals" (see Goodman 1977) especially with regard to the state of this aesthetics quality of perception. It would be important to research more about the very specific therapeutic effects and functionality of this special aesthetically coined form of the awareness continuum, especially because this open creative state in the

'middle mode' and lingering, is allowing an autopoietic process of aesthetic formation, as described above, and is at the centre of Gestalt therapeutic theory and best practice.

### **The influence in Gestalt Therapy of Friedrich Nietzsche on the aesthetic perspective of the ethical profile of an individual Personality**

The question of a legitimization to speak about the aesthetic dimension of the theory and practice of Gestalt Therapy is not only a matter of random similarity with the original meaning of the word 'aesthetic' (from ancient Greek αἴσθησις *aísthēsis* = perception, feeling) as a pure awareness and experience. The aesthetic conception of Gestalt Therapy is significantly influenced by the philosophical and psychological writings of Friedrich Nietzsche, which sustainably influenced the culture and art scene of the 1920s in Berlin of which F. Perls was a part of to a significant extent (cf. Bocian 2007).<sup>13</sup>

The Hellenistic-aesthetic perspective, as newly-interpreted by F. Nietzsche, represents a fundamentally new understanding of the world, in which life and the way of living are supposed to be understood as an art production, in terms of the invention of a new and so far not existing reality (Nietzsche; KGW V/1: p.43)

In his opus "Thus Spake Zarathustra" Nietzsche develops his idea of understanding life as an aesthetic process, i.e. perceiving life as a "self birthing work of art" (KGW III /1: 117). The creative will is a prerequisite to the artistic-aesthetic, self-design of life, as well as the human being in total, especially of his personality and value orientation. Nietzsche's understanding of an aesthetic way of living is not about a metaphysical striving for an absolute, the true knowledge of reality or scientific proof, and not a matter of causal explanations (as in Psychoanalysis), but about a willingly, self-aware transformation of reality in accordance with the will of the autonomous, creative individual.

Regarding reality from an aesthetic perspective, for Nietzsche, means rejecting the causal scientific attitudes and recognising the incomprehensibility of the world, instead (see KGW III /1: 95). Waiving the scientification of life, is built on the desire to aesthetically shape one's life instead, and the world, and thereby overcoming its sorrow and insanity. The consequences of this is a reorientation of the ethical and aesthetical value development towards the present and the future instead of the past, which Rank and later Perls (et al) transformed in their therapeutical concepts.

---

13 Friedlaender, S., who did not only philosophically influence F. Perls (cf. *Konzept der Schöpferischen Indifferenz* München; 1926), was one of the most important Nietzsche interpreters and biographers back then as well as was Martin Buber who wrote his first publication on: "Nietzsche und die Lebenswerte" (see Buber, M.: *Nietzsche and the values of life*, Berlin 1900).

Also another basic position of Gestalt Therapy goes back to Nietzsche's fundamental viewpoint, that aesthetic is immanent and enshrined in reality. Therefore the creative human being no longer needs any kind of transcendental truth. "He recognises by writing, and writes by recognising" (KGW III/4, p.27). Recognizing by experiencing the emergence of the aesthetic form, we would say. One easily would think that the following sentence was written by Perls or Goodman:

"We want to be the poets of our lives, first of all in the smallest and most ordinary things" (KGW V/2: 218; see also Perls et al 1951, Chap. VII). How wonderful, if we would be! What would the material of our poetic life script be? Nietzsche suggests: "the most important discoveries about culture are found by man in himself" (KGW IV, 2: 231).

The specific challenge from this point of view is its implicated request for the self-realisation of one's aesthetical and ethically coined personality, which is not, as we experience in our therapeutic daily work, an easy task to do. This task of shaping one's own life and personality is, according to Nietzsche, comparable with the relationship between the artist and his work. We are damned to be an artist 'ad hominem' of ourselves!

This self-creation and *self-education of the individual* can be called aesthetic if the individual has freed itself from the dominant moral (cf. KGW III 3: 265 and see chapter II). Therefore, the desire for an inventive self-creation does not follow any inspiration from the outside or 'from Above', but solely by the free will of the individual to create his life anew according to his own design (see Perls et al, Chapter II,1).

According to Nietzsche the individual self-creation of one's own personality is nothing else than "a self-confident self-creating on the basis of self-control, which enables the Self to find out by itself without any determination from the outside" (KGW V /1: 155). With all this self-creation it's fair to be reminded, that the act of self-creation has also much to do with self-control!

Perls writes about this kind of controlled autonomy of personality: "It is free choosing, and has always a sense of primary disengagement followed by commitment. (...) One commits oneself according to what one is, that is, has become" and further: "in autonomy the behaviour is one's own because in principle it has already been achieved and assimilated." And further: The Personality is transparent (...), it is the system of what has been recognized" "Thus Personality is the responsible structure of the Self" (for all quotes see Perls et al 1951: Chap. X.8).

Within Nietzsche's writings the aesthetic is no immediately ethical regulative, but a stimulation of life, it is rather Dionysian, releasing its own boundaries and trusting in an open process of becoming – also with regard to its seemingly as well as possible Egoistic one-sidedness. Perls was with his expressive style close to Nietzsche's Dionysian aesthetical position (see Perls, In and out the garbage pail, Real people press, 1969; and his Gestalt prayer: I am I, and you are you...).

Yet this position, often taken as the Gestalt-Style (“a glittering show of technique” (Yontef 1993: 103)”, as well as criticized as narcissistic, egoistic, irresponsible, was vehemently corrected and ethically balanced by Laura Perls, Paul Goodman, Isadore From, Gary Yontef and many more, who pointed out, that this aesthetical and ethical dimension of Gestalt Therapy means freedom and autonomy, yet with contact to the context in relation with other people.

### III. 5 Ethics, Anxiety and Risk-taking

Cowards die many times before their deaths.

The valiant never tastes of death but once. (*Shakespeare (Julius Caesar)*)

A fulfilled, as well as ethically dignified life are based on accepting the risks of life and the willingness to act courageously. To take risks is a decisive part of the ‚conditio humana‘. Ethical actions demand considerable courage of the Individual – for example fighting for adequate and reasonable conditions of life or defending against the wrong, or assisting people in need for protection, always demands courage. According to Nietzsche striving for an experimental and opened lifestyle means a continuous trial in conjunction with a continuous removal of boundaries, which are given in this context (see Nietzsche, KGW VI/2: 385).

Many people, especially with a neurotic structure of experiencing, are tending to exclude any risk, because of their deficient inner support. They prefer remaining in their safe environment, and say, you never know the end – you cannot predict, if you are the loser at the end. They tend to ensure in advance, because one does not want to risk one’s painstakingly developed self-image and fancied secure living conditions. They try hard to avoid making mistakes at all circumstances, want to avoid getting ill, old, and experiencing disasters. Above all they want to avoid paying the price of life - death – prematurely, if at all (see Otto 1930 / 1998).

Yet the human development and creation to an individual personality proceeds between emotional attachment and the seeking of independence and separation, from the primal separation and attachment at birth, to the final detachment and separation of death. This dynamic process of connecting and disconnecting continues throughout the entire human life, which includes aspects of anxiety as well as manifestations of the human will.

According to Rank the aspect of anxiety, which is existentially given, can be a fear of life at moments of separation (fear to have to live as an isolated individual), and the fear of death, an anxiety to lose one’s individuality at the moment of merging with others, the moment of too much closeness (see Rank 1929,124). Man has to learnt to cope with this existential dilemma between union and separation, fear of death and fear of life, which no therapy can take away, yet therapy is able to give support to find more balance between these basic polarities of the self-conscious human being.

Pure self-preservation also includes a dangerous 'standstill on a moving rope' (see Nietzsche KGW VI /1: 10). Fritz Perls surpasses over this metaphor of the rope of Nietzsche by his well-known saying: "to suffer ones death and to be reborn is not easy..." (Perls 1969: 37), for giving up an artificial lifestyle, inner emptiness and disorientation, and finally passing the impasse, requires taking risks. But more than that, taking the responsibility of being reborn is even more risky because being reborn means opening up oneself to heightened sensory perception, increased courage, facing transience, risking more authenticity, and more self-responsibility. Above all, it means taking risks to come in contact with and to dedicate oneself to others.

It also means exposing oneself to the outer madness of the world and its misery, especially to one's own vulnerability and transience without any neurotic protective shield or moral character-armor (see Perls et al 1951: Chap. II, 12). No wonder many clients and fellow citizens are renitent to immerse into the risks of the 'Here and Now' and in the awareness continuum. Doing this needs courage indeed!

People prefer to imagine a self-created alternative in a more comfortable symbolic fantasy, instead. The Reality of their Body and of the outside world is causing to many problems. Detached, they lose inner and outer orientation and, with this, they lose the tools of a situational adequate control of their ethical behaviour. Or they seem "to conceive of a reality, that is tolerable (...). But the standard of happiness is too low, is contemptibly too low, one is ashamed of our humanity" (Perls et al 1951: Chapter II, 12). They accept staying in dependence of their parents like a child, instead, or they transfer the rest or their not yet inner supported courage, onto a strong leader.

Ernst Becker suggests one reason, why people behave in this cowardly way: he says, they are not conscious enough of their own authority in order to take self-responsibility for their own beliefs and actions (see Becker 1968: 192). The 'father' of humanistic psychology, Abraham Maslow, wrestled with the question of why people are kept away from decisive and courageous acting? His answer surprises: "People fear their highest possibilities as well as their lowest ones" (Maslow 1967: 163 ff). They are afraid of their own greatness, their heroic deeds as manifestations of their individual courageous will. Yet in other times it is the fear of being torn apart, of losing control, even being killed, that paralyzes people.

The founders and authors of Gestalt Therapy, Laura and Fritz Perls and Paul Goodman, gave this basic structure of anxiety control and self-inhibition its own notion within their new theory of the Self. They call it: 'Egotism'. Egotism as a habitual "interruption of letting go the control or the surveillance, of giving in to the behaviour that would lead to growth, e.g., performing the action that one can do and that the situation calls for" (Perls et al 1951, Chap. XV,8). And "Egotism is a kind of confluence with the deliberate awareness and an attempted annihilation of the uncontrollable and surprising" (ibid.).

Practicing Gestalt therapists know this clients' mechanism of 'Egotism' well: after a while in therapy they seem to be able to come in contact with the present. They can interpret their

experiences and their actions in an adequate way, but nevertheless, they seem to be paralyzed to go the last step towards a sovereign change of what is dysfunctional within their daily life. These clients often lack a tiniest bit of courage to act self-responsibly and to step into an uncertain future, which every client has to accomplish in therapy and in life by him- / herself.

What can we do? Should we break with our own dogmas like 'Don't push the river' or our confidence in 'The paradoxical theory of change'? Change happens by staying in the Now, in the state of awareness continuum. Yes! But in the reality of life, much does not happen without a courageous self-responsible personality, who makes its own steps into the unknown future!

It was Otto Rank, who suggested a detailed and sustainably convincing answer based on his comprehensive research concerning the 'conditio humana'. According to Rank the widespread insufficient courage results in a double challenge of the human being. On the one side it is supposed to be able to strive for extraordinary achievements, which extend beyond its mortal life, on the other side it asks to accept itself as a 'human animal', its vulnerability and its mortality. Therefore the human being is damned to afford a double kind of courage.

Indeed, in contrast to other creatures the human being is able to express its individual creative will and even to force this will upon nature, collective ideologies and general norms in a heroic way.<sup>14</sup>

Wanting to be a hero, celebrated and remembered beyond one's ephemeral life, is genuinely human, but quite fear-inducing. This motive is anchored in the psychic constitution of the human being, since the moment, when it gets conscious of itself, includes that man will die. The motive to live forever is as strong as the instinct of life, and the main motive of culture and art creation (see Rank 1932 a). It is a decisive driving force for ethical and aesthetical acting – be that in an ecclesiastical-social (care for others in speculation for God's reward), a political (to die for one's fatherland) or an artistic context (creating eternal works in order to get into to the collective memory), in as much it is supported by an ideologically based conviction and personal courage.

Even if it is not comprehensible within the context of our ethical feeling – the driving force to act as an islamist suicide bomber is based on an ethical motive to gain a better life (at least in heaven) for oneself and for others. It is sad, that courageous young people obviously do not

---

14 Besides the possibility of natural reproduction the genetic way of immortality, a second kind of immortality of the human being can be achieved in addition by individual deeds, which stay in the collective memory as a symbolic representation (like a piece of art). The hope and trust one has gained in being a part of this collective memory normally helps in reducing the fear of death. The eager carelessness to become an eternal part of the worldwide web or cloud can also be seen as a way of controlling the fear of one's transience.

see another alternative than killing innocent people in such brutal ways! According to Ernest Becker as well as to Otto Rank ethically justified heroism is the other side of the fear of death (see Becker 1973: 33). Heroism is an expression of the instinct of (an eternal)self-preservation<sup>15</sup>. Certainly it is one of the most important questions for more ethically conscious behaviour in the future of our societies to ask, in which ways can people become able to express this human desire (of being a hero) in a dignified way.

Every culture has its own myths, rules and value systems for this. In our contemporary culture, in our daily life, a way to be a hero is having at least as many follower as possible, losing several kilos of weight (which is at least a victory to be celebrated even if it does not last as most victories), coming home with a cheap bargain, or having met a football star in person and in close proximity (to participate in his/ her immortality), or being an active member of Greenpeace or a vegetarian in order to save the flora and fauna of our planet.

A friend of the contemporary dance scene shares with me in a low voice how moved he still is to have met Pina Bausch once and even to have shaken her hand. I am proud to have met at least Laura Perls, which made me think, why should I, with this eternal touch of unforgettable experience, make any further efforts to write anything about Gestalt Therapy?

An important ethical guideline of Gestalt therapists is more grounded: to support positive experiences and actions of the clients – not their failures, diseases or symptoms. Isadore From said: “We look to heaven (the potentials) not to hell in our client” (verbal to author). We do support our client to be proud about their children their daily courageous deeds in the job, and as volunteers.

Another possibility of mastering the existential basic anxiety of the 'Conditio Humana' consists of engaging in a consciously “heroic” acceptance of the transience of man, instead of holding on to an elevated superego or (neurotic) denial of ephemeral life by maintaining a strongly armoured character.

A profound practical answer to master this double existential challenge of the 'Conditio Humana' is given by the founders of Gestalt Therapy, especially by their existential and phenomenological therapeutical practice: on the one hand to support the 'awareness continuum' to a reanimation of the sensual and natural ephemeral side of existence and on the other hand to highlight the individual will, reinforcement, self-responsibility and creativity of the client as important and self-transcendent aspects of humanity.

---

15 In this regard it would be a specific peacemaking act to take measures, which help, that this genuine human motive to achieve heroic deeds can happen less warlike, but more with a focus on humanity and useful (natural) aims (see Dalai Lama 2015). At any rate ethically suitable idols (environmental activists, courageous scientists, resistance fighters, therapists, etc.) should enable projective identifications.

The exploration as well as the balancing of these two poles of the human condition is the key to the therapeutic approach and success of Gestalt Therapy. It also shows, that Gestalt Therapy addresses the awareness and integration of the deeply rooted existential conflicts of humanity. Especially the sensual capacity of the human, which is especially focused on in Gestalt Therapy practice, helps in finding a way out of this damned existential dilemma.

This sensual side of the human consciousness, connects man with the immediacy of one's own nature; it allows an intensive and for a few moments, timeless eternal experience of the human Self in the Now – as well as allows for a marvelling at the diversity and eternal dynamic of nature and the whole cosmos.

It is the focus on the awareness process of the sensual that bounds man to the real world, which is a key to evoke the feeling of gratitude in a most particular way. Gratitude is a decisive and strong ethical feeling towards nature and one's own existence, which allows the ethical attitude of devotion towards life as well as a relativization of one's own Ego, too often striving for fame in vain or illusory security.

It opens up the possibilities of experiencing the reconciliation of the two contradictory aspects: the natural-mortal and the symbolic-transcendental side of the ‚*Conditio Humana*‘. This experience can be made and practiced intensively at best in the course of the increasing resolution of the deliberate will (see Gestalt-Cycle: The fading of the Self during the phase of full-contact) in the moment of the sensual and full engagement and merging with the actual reality. This important dimension of this kind of human experience is especially supported by the self-aware and self-responsible focus of Gestalt Therapy, which supports conscious and wilful as well as an autopoietic development to a conciliatory connection between the motivation of self-realization, as well as empathy, including others on the way towards an ethically situated-adequate form of acting.

Dear reader, this was much of theology again. But it was Perls, who improved his therapeutic state of the awareness continuum and of the middle mode in a Japanese-Buddhist convent as his version of the 'levitating attention' of psychoanalysis. Furthermore it seems to me, after all, impossible to talk about ethically and adequately coping with the contradictions of the ‚*Condition Humana*‘ without a pinch of theology as a form of respect for the unknown.

### **The Gestalt Way: Four Steps for Change**

In order to take life changing risks one needs to practice risk-taking. Risk-taking without self-awareness, full contact with the outside world and the skill of making realistic speculations, is irresponsible. To gain the necessary amount of self-confidence in order to take more risks in life is to learn it step by step.

How can one learn risk-taking? Do it the Gestalt-Way! Do it in four steps.<sup>16</sup>

- Preparation (Fore-contact): remember situations where you made similar actions before. Think in dialogue – pro and contra. Check your feelings about different ideas. Do not talk about your idea too early with others – this might limit your freedom. Develop an idea of who you would like to become, which dreams you could leave behind.
- Research (Contacting): Check, who would support your risk-taking. What inner and outer resources do you have? Control your fear or feeling of guilt by looking from a future perspective to the present conflict and challenges. Check different possibilities (try out!). Activate your will to say Yes and No.
- Action (Full contact): Consider and take into account your age, experiences, and resources that you have in order to make the next move. trust the process, do not intervene too much, trust your capacity to find a creative solution for upcoming challenges.
- Reflection (Post Contact): Take time to assimilate, what you have become, identify with the consequences of your actions. Enjoy your efforts and your new identity.

## **IV. Advancement of the Ethical via Gestalt therapeutic Practice**

### **IV. 1 The Three Basic Ethical Structures of Personality**

In this section, for the purposes of demonstrating how the process of ethical judgement happens differently, I present three different ethical modes<sup>17</sup>. Each personality outlined here is fundamentally different to the other, with a different structure of experience as a typological set of self-references (see Chap. II on 'Personality' and Rank 1936). The aim here, is to demonstrate how basic different structures of experiencing and of ethical judgement can lead to rather different forms of coping with ethical norms and issues in life, and to highlight therapeutic interventions and tasks related to this.

---

16 See more about this in: Müller-Ebert, J. (2014): *Wie Neues gelingt. Die vier Schritte zur Veränderungskompetenz*. München.

17 Refer to Appendix 1: The ethical profile of clients, within the frame of gestalt therapy.

## 1. The well-adjusted, dutiful Personality

A well-adjusted, dutiful personality affirms easily what has to be done within the rules and expectations of the social community it is living in. Therefore it follows its conscience, which has developed during childhood as a consequence of an interactive internalisation of what is right or wrong, good and bad. Its Personality has learned to listen to the voice of other people (its parents) without contradiction. This guarantees nearly conflict-free interactions of the individual will with the outer as well as with the introjected inner ethical rules and norms. This person is being one with itself as well as with society. This kind of psychologically structured individuals could be seen as a 'normal socially well-adjusted person'.

The disadvantage of this ethical profile is that it denies individual interests too easily and asks for too much self-control. These human beings will experience their habitual inhibition as being caused by a 'natural feeling of guilt and shame'. When challenged to act in a real, ethically demanding situation they are easily willed to do, what the official rules ask everyone to do. They might experience paralysing inner conflicts, when a current ethically diverse and new situation demands a self-responsible ethical response. A normative well-adjusted personality would hardly come to see a therapist to find out, what might be wrong with itself, except after a longer period of conflicts between its partner or their adolescent children, who fight against well-adjusted and morally rigid parents.

These people would probably benefit from a Gestalt therapeutic support to feel more of their individual needs and interests (awareness of the Id-Function). They might further learn to experience extrinsic and soon inner self-support (Personality-Function) whenever they experience signs of their individual interests (Ego-Function).

Yet, for some time they would feel more guilty than before at the second half of the therapy process usually, when their so far inhibited own interests and will comes to the surface again – but this time as a conscious open struggle with its introjected ethical norms (the Super-Ego), real and fantasized interests of others, and their own currently emerging individual needs and beliefs.

A client with this kind of structure of experience would benefit from being asked to accept his/ her feeling of guilt, as a transient accompanying feeling of the transition from the inhibited will, experienced as guilt feeling, to a consciously supported manifestation of one's individual will, by content happiness and pride.

An example:

A 45 year old mother of two almost grown up children, who completely sacrificed her last 20 years of life to her children and husband, said: I am too shy to even share the dream of once going on a trip all alone.

*Th: Oh, when would you like to go?*

*Cl: Impossible to think about it... maybe in one year.*

*Th.: Good idea! Could you think about it now, where would you go?*

*Cl. Oh maybe to Munich for half a day! I could even look for a birthday present for my husband.*

*Th: Great, you would have a good reason to go, and would not even need to tell him.*

*Cl: Yes, but I would feel guilty ! Yet with the surprise of a present I would also make him happy after all.*

*Th.: Would you tolerate this feeling for a moment in exchange for a surprise in your life?*

This example leads directly to the second structure of experience:

## **2. The self-reflective, guilt-conscious Personality**

This represents a structure of experience of a Personality, which is anxious to express its individual will because of an experienced incompatibility of its own will against another's will, which once came from the outside, yet now is experienced from inside. It is in conflict with introjected 'musts' of ethical norms, which Rank called 'inner counter-will' (see Chapter III,2). Fritz Perls questioned the shoulds and musts so much, that he turned his back on Psychoanalysis.

This guilt-conscious Personality does not become an 'individuum but (to use a notion of Nietzsche) a 'Dividuum', which is ambivalent in itself, with an alienating moral, which feels estranged from itself due to an inner self-division (see Nietzsche, KGW, IV/2: 74.). This inner self-dividing structure leads to an on-going inner fight of opposing interests (Perl's super dog – underdog), which originally came from the environment, but became an inhibiting inner conflict between the two volitions of the individual, its will and its inner counter will. Like: Do I really want this, do I have to do this, or better not? Who am I really, should I do this or not?

But what can one do as a grown up person suffering from these on-going inner 'dog'-battles within his / her Dividuum'? Perls suggested to put both on chairs, and ask them to create an open dialogue this time between them, and see, who they are and might become. When both aspects are brought to the surface, one may find a better solution this time to become an integrated individuum.

“This inner conflict of the will and counter will has the potential of becoming constructive in as far as it also contains the possibility of finally affirming the 'musts' of childhood as one's own norms and ideals and explore a way to accept them as a meanwhile grown up person as a part of one's individual ethical profile” (Rank 1929a: 58 f. and Chap. III, 4).

I remember that as a child I hated to take a nap after lunch as my parents did. I refused to fall asleep. In the meantime I have come to easily agree (even without going through psychotherapy to overcome this stubbornness) with this 'must' of my childhood. From your therapy or training

you are familiar with the question (asked in order to undo a dysfunctional introject): Do you still believe, that you always have to tell the truth? The therapeutic intervention would probably support a client to either consciously say “Yes”, or to differentiate one’s ethics on telling the truth depending on different situations such as being confronted by police or curious neighbours.

Without a conscious affirmation of these musts of childhood, they would continue to prevail as self-criticism, feelings of guilt or inferiority. This guilt conscious type is failing because of its inability to assimilate or accept outer compulsions (norms).

The advantage of these self-reflecting structures of experience is to avoid the fear of punishment. Yet the result of this strong reflexive structure might be the experience of strong feelings of guilt as a side effect of not staying in contact with what one wants. People with this personality structure experience a fundamental lack of an outer shelter and support to express who they are and a lack of inner security. They would need to get more support in experiencing and expressing what is right for them (Personality Function) and what they are feeling right now, what they would need next (Id-Function) and what they would like to do with more confidence (Ego-Function).

### **3. The self-confident Personality**

A person with a self-confident personality-structure is able to balance the three basic human forces: his/her Needs (Id-Function), his/her individual will and counter-will (to say yes or no to the outside world as well as to itself) like: oh, a tender piece of meat! No thanks, not for me (= Ego-Function) and his own self-created ethical profile and individual style of a vegetarian (Personality-Function). This person experiences the feeling of being one with oneself, with what one wants, and what one likes to be according to one’s own ideals and concepts of ethical self-justification.

This represents a state of autonomy and respect like: “I am me – ok!, and you are you – ok!”. He/she can apply his/her assimilated and in a current situation newly created values in a creative way. Although this person is able to creatively adjust ethical measurements to the demands of a current situation, he/she might sometimes violate the interests of others or the ethical standards of society. It is a matter of rigidity, about which one can find out more later by judging how the person talks about his/her action, and so on.

The possible disadvantage of this profile is that one might sooner or later come into conflict with social norms, laws and authorities. This is sometimes unavoidable. Yet for a person with this kind of self-confident ethical profile, it could sometime be useful to be reminded, that a wonderful Ego is not always acceptable to others, is not the same as a 'We', requires giving in sometimes and adjusting to the expectations of one’s fellow citizens by direct open-minded dialogue.

## Summary

The therapeutic task is to explore the ethical competences, as well as the lacks of the many different ethical profiles, of which I outlined three here. I have developed a questionnaire with the aim of assisting therapists to support clients in eliciting their ethical profile within the frame of gestalt therapy, see Appendix I, together with a brief manual to support the therapist to explore the general ethical profile of his/her client, see Appendix II.

A therapeutic state would be to empower the client to adjust himself to his/her own ideals and needs, first. This means gaining experience in justifying one's self-created, ethical ideals, which are flexible by inner, mental conditions, ready to be activated in the ethically demanding situations of life. I devised a third questionnaire (see Appendix III) that guides the therapist beyond identifying the client's individual set of values, towards exploring the extent to which the client can activate his/her values within a concrete situation, while simultaneously taking into account the client's personality and personality-function.

The idea of the creative and ethically balanced Personality is an ideal in the exact meaning of this term, which is never fulfilled but worthwhile striving for: to be as you want to be and to justify this before yourself, also in a social and ethical dimension. This is a never-ending process, which depends on the readiness and experience of taking risks.

The increase of consciousness is a danger.

The one who lives among the most conscious European even knows that it is even a disease. (Nietzsche: 1954: 354)

## IV. 2 The Ethical Potentials of Gestalt-Methodology

So far several basic theoretical aspects of the socio-cultural as well as individual-psychological development of Ethics have been discussed. Now it is time to sum up the ethical core elements of Gestalt Therapy and its clinical practice.

Of course, there are many different ways of comprehending what Psychotherapy is about and how it should be practiced. This chapter tries to outline whether, beyond this appreciated diversity that the Gestalt Therapy approach is supporting (which simply reflects the individuality of each client as well as of each therapist), there is also an indispensable set of typical characteristics defining the therapeutic and ethical profile of Gestalt Therapy and of a Gestalt therapist, that is different to Psychoanalysis, Behavioural-Therapy, or others. This is not simply an academic or a competitive issue. Rather the question about the ethical profile of a therapist is not only related to his/her agreement with the ethical rules of Hippocrates or of the European Association for Gestalt Therapy (EAGT), but to his/her agreement to central paradigms, which I mentioned in Chapter III 1-5 and which I will now sum up in a more comprehensive way.

- The anthropology and methodology of Gestalt Therapy bears fundamental ethical aspects. Gestalt Therapy just asks for an appropriate transformation into an overall ethical conception, i.e. reflecting basic therapeutic values and forms of interventions, such as:
- Therapeutic focus on the awareness continuum and the trust in an emerging 'ethical figure' through open minded interpersonal dialogue and ethical action from moment to moment.
- The Conception of Gestalt Therapy - not to separate the individual from its organism-environment-field, as this supports to heighten the awareness of context relatedness of the content, motivation and ethical impact on others when being in action.
- The real encounter of the therapist with a client as a person and not as a case to be treated by techniques as a screen for transference of past experiences.
- The co-creative and co-responsible participation, as well as the I-Thou-Concept of the therapeutic relation, supports ethical issues to emerge within real live situations to be worked out.
- The focus on emotions as the main driving force in life, as interrelated with the outside world especially in interpersonal relations (empathy) and not too much on reasoning.
- Respect of the integrity and acceptance of the individuality of the client.
- Respect of the client's 'No' ('counter will') as an expression of his / her limitations without interpreting the 'No' as 'resistance', but as manifestation of autonomy, a sign and force of health, which should be strengthened, not overcome.
- The freedom to create in cooperation with the client all kinds of techniques, which support the client's self-awareness and self-responsibility.
- The concept of focussing on the 'How', which prevents therapist and client from any moralism of right or wrong of memories and contexts, and invites the client instead to explore his / her potential and creative adjustment (focus on solutions, not on problems) to find his / her own solutions.
- The holistic, systemic approach, which includes bodily, emotional, rational, spiritual and situational aspects of the client/therapist. This allows giving attention to all human aspects of the existential and engaging in dealing with, interpreting and possibly changing.
- The experimental methodology prevents the therapist from imposing his truth onto the client and supports the client's self-interpretation through awareness, experimentation and self reflection.

This is only part of a long list of all the well-known Gestalt therapeutic methodologies that hold within them far reaching ethical relevance. It is important to acknowledge how much ethical quality is included in what is called and practiced as, Gestalt Therapy. It would be worthwhile initiating a public discussion on the ethical impact of the different therapeutic concepts. I do think, this would highlight the extraordinary ethical potential of Gestalt Therapy.

Nevertheless, there is also a huge common ground, especially in the development of professional ethics throughout history, which is based on the ethical corner stone of all clinical practice: the Hippocratic Oath.

### **IV. 3 The Ethical Corner Stone for therapists: the Hippocratic Oath**

Everyone, who is working in the field of health care, obligatorily works under the ethical commitment of the Hippocratic Oath. This ancient ethical obligation accompanies us in our therapeutic professional work in every moment. All we say, and all that what we do, has to pass our costly acquired, professional filter of the self-control of counter transference symbolised by the one simple question: “Do my interventions as therapist benefit or possible harm my client?” Fulfilling this professional, inescapable oath is an ethically and methodologically most demanding commitment, especially because of the natural tendency of (counter-)Transference as well as the need to believe (at least for a moment) in one’s own truth in order to able to act. A simple therapeutic intervention, such as: “Would you pay attention to the way you are breathing?” is based on the belief (a good guess), that this intervention (experiment) could help the client to become more and more in contact with her-/himself and with the Here and Now.

Since Gestalt Therapy asks for a personal authentic lively interacting with the client (and not to be a more or less passive projection screen or moderator to apply behaviour modification concepts) we do have to be more careful than colleagues from other therapeutic concepts to handle our counter-transference.

Have we carried out a careful diagnostic reflection? Should we not have waited for more proof to suggest this kind of intervention? We all do know this ethical struggle and inner dialogue trying to find out what to do now and how to act in the best ethical and professional way. Yet if we have a trained awareness of ourselves in relation to the other, basic clinical knowledge, a realistic sense of the client’s and therapist’s responsibility, respect of the uniqueness as well as the limitations of our client, a developed style of communication to express our intervention not as the unquestionable truth but as an open question and as an offer for an experience, we should not be worried. Even the most demanding clinical guidelines do not overtrump the personal responsibility of the therapist.

Nevertheless I like to invite you to take a look for a moment at this most important ‘big rock’, on which all professional therapeutic Ethics are based: The Hippocratic Oath, as well as the updated version of the ethical standards of EAGT for European Gestalt therapists.

## Extract of the Hippocratic Oath<sup>18</sup>

I swear to fulfil the following:

- *I will respect the hard-won scientific gains of those (...) in whose steps I walk. This part of the oath refers to our scientific obligations, to take care and keep in memory the intellectual 'gifts' we got from the founders and teachers of Gestalt Therapy and that of many others before and after them.*
- *I will apply, for the benefit of the sick (client), all measures, which are required. This oath refers to the ethical core of our therapeutic practice: our responsibility for a careful diagnostic procedure and application of experiments; control of our transference; respect of uniqueness and the limits of the clients etc.*
- *I will not be ashamed to say "I know not" (...) This part of the oath refers to our sense of responsibility, and courage to express the limits of our (creative) Ego and professional capacities.*
- *I will respect the privacy of my clients (...) The oath refers to the maintenance of the symbolic and real dimensions of the therapeutic relationship, and of the boundaries supporting therapy. This includes upholding confidentiality while acknowledging its limits, especially with matters related to life and death or abuse; acknowledging that therapy works only by balancing both sides; and that if the therapeutic relationship becomes a private relationship, breaking the client's physical or social boundaries, the important symbolic side of therapy does not work any more.*
- *I will remember that I remain a member of society with special obligations to all my fellow human beings. This part of the oath reminds us that our professional obligations are not limited to the therapy room but asks also for commitment on a social, political level. This however, not in the therapy room, not with clients, who are with us in therapy. As a therapist we are facilitators, not campaigners or agitators for our clients.*

Whenever I read these ancient obligations, I am moved and amazed by how powerful they are and by how much I am in need of reading and reflecting on this old back tree of ethics for myself. I am moved by how much they are needed in order to take care of the lack of ethical standards in our times, especially in the field of the health care industry.

---

18 <http://www.pbs.org/wgbh/nova/body/hippocratic-oath-today.html>, last view: September 2016, 5th.

### **Extract of the ethical standards of the EAGT<sup>19</sup>**

It is obvious that - compared to the Hippocratic Oath - the ethical standards of the European Association for Gestalt Therapy (EAGT) put additional weight on the support of individuality: Respect of the uniqueness, worth and dignity of the individual, of the differences of race, extraction (ancestry and lineage), ethnicity, gender, importance of autonomy and self-regulation.

Whenever we call ourselves professional therapists, we are determined by these quite demanding extrinsic ethical norms. We are not only asked to stay authentic and loyal to ourselves, but also to the oath with full commitment to our clients. This is not easy. It may sometimes mean to take an extra risk, and another time, just to accept the professional limitations with the only choice to make them transparent and meaningful within a real therapeutic situation. It is also a potential therapeutic truth of life: there are limits in life. Keeping one's autonomy may also mean accepting these limitations.

## **IV. 4 The Ethical State of a Gestalt therapist**

All these different ethical aspects we discussed above might become and may in one way or another culminate in an individual professional therapeutic state (professional Identity), coined by the anthropological and methodological concept of Gestalt Therapy.

In psychotherapy the decisive remedy is the personality of the therapist more than his /her comprehending knowledge of technical skills. Of course, there are many ways of a person to person encounter to evoke the development of the ethical profile of a client. The best chance will emerge within an attentive dialogical exchange between the therapist and the client. "Experience has taught, that the therapist can only heal in his own way, the patient also can only become well in *his* own way (Rank 1936: 99):

The following 'ingredients' of a professional ethical state of a Gestalt therapist may serve as inspiration to pay more attention to the ethical dimension of psychotherapy and especially to the ethical impact of Gestalt therapeutic methodologies.

---

19 [http://www.eagt.org/pdf/Ethics\\_Code\\_&\\_Complaints\\_Procedure\\_2015.pdf](http://www.eagt.org/pdf/Ethics_Code_&_Complaints_Procedure_2015.pdf), last view September 2016, 9th.

- Experience to establish a confidential I/thou co-creative therapeutic relationship.
- The ability to correspond to the individual will and to respect client's limitations.
- The spirit to especially attend to all aspects of the awareness continuum.
- An open mind and heart to support self-acceptance, of expressing all forms of emotions, all forms of limiting one's emotion and action, as well as one's individual will and courage.
- Experience to share personal thoughts, feelings, and memories within a professionally controlled authenticity.
- Skills to guide the client in being confronted with facts of life, which have the potential of supporting the client's ability to build up self confidence to meet the outside world.
- The ability to respond to potentials and limitations of the self-responsibility of clients, reflected and based on a diagnostic evaluation and on the current ethical standards of the clinical field.
- An individual style to foster transparency of the therapeutic process.
- Abilities to assist the client to learn to accept unchangeable 'musts of life' (professional competences to confront a client when necessary).
- Skills to support the client in creating a new balance of his/her way of coping with the challenges of life torn between needs of security and the need of risk taking.
- And last but not least, to act ethically towards oneself as therapist, with regard to one's own needs of security, physical and psychological health; open to new inspiration, meaning and joy within one's therapeutic work, and well balanced with one's private life.

#### **IV. 5 Future Ethical Challenges for Gestalt Therapy**

It is true that the therapeutic attention to each person's needs has been an effective therapeutic guideline. Nevertheless, the mission I am describing for the Life Focus Community, is broader than that of private therapy, and it is explicitly designed to go beyond attention to troubled lives into examining, how people at large live with each other. (*Polster 2015: 165*)

Gestalt Therapy is a child of post-modernism as well as an important part of the Personal Growth Movement of one's individual Personality (see Reckwitz 1995: 216 ff.).

Gestalt Therapy has become increasingly popular worldwide since the late 60s, supported by books written by Perls and his workshops at Esalen, Big Sur, primarily for middleclass American clients who needed support to take the risk of being themselves, of showing feelings, to express their individual will, etc. Meanwhile, we are confronted with a rather different range of obvious dysfunctional structures of experience in our therapeutic practice, like egoism, narcissism, sociopathy, and many others. More and more we see clients, who were blown up with lots of 'instant support' during their childhood, which fostered a huge Ego, yet sometimes also a huge lack of real experience to cope with life's frustration, too anxious to handle simple challenges of real life situations. Due to this change of cultural paradigms we need to reconsider aspects of our overall theory and methodology of healing to meet the new dysfunctions of our times.

Especially, Paul Goodman as well as Fritz Perls, were aware of the possible limitations of the individual setting of Gestalt therapeutic practice. Perls decided to leave Esalen and founded Gestalt Kibbutz in Canada a year before he died in 1968. I admire his courage to cut off his track of fame and growing popularity in order to explore new concepts of therapeutic and ethical challenges according to the new forms of sufferings. In his latest book 'Beyond therapy' he offered us his version of a life focus community, which "is broader than that of a private therapy, and is explicitly designed to go beyond attention to troubled living into examining, how people at large live with each other" (Perls et al 2015: 165).

Writing this I realize that I rather often feel insufficient within the given structure of my own clinical practice, which is mostly an individual setting. Especially working within the context of the health insurance system, therapists are only paid when they agree to sit in a room on a chair for the fixed time of 50 minutes for each client. This has some advantages, even ethical ones<sup>20</sup>. But would I take the risk of overthrowing the limitations of my own philosophy and methodology of healing, and especially the limitations of some professional rules, when a case arises whereby such 'external rules' are obviously not of benefit for a particular client?

Recently a 26-year-old woman came to my practice after a short phone call. It was the first time she had risked to leave her home in ten years. When she left after her first therapy-session, I thought her motivation to get rid of her agoraphobia was strong enough to come again. She did not confirm the next session as I asked her. She did not show up. Should I have taken the risk and call her? Should I even have left my practice in order to meet her at her doorstep and say 'Hi' to her? Should I have said: 'I eventually took a risky step to come to see you, now it's an

---

20 Encounters outside of a clinical setting might easily lead to private contact beyond the ethical limitations of a professional practice.

opportunity to leave your shelter for a moment and take the risk to get in touch with more of this world outside and around you?’

I did not call her. But this made me aware again of my limited ethical profile as therapist. Perhaps I could risk with being less absolutely limited within the safe context of the therapy-room and the boundaries of my clinical ethical norms, while still remaining professional and maintaining ethical integrity.

An ethical therapeutic state is an on-going creation and a professional response in the Here and Now in dialogical exchange with the needs and skills of the client as well as the overall condition and actual situation. In order to foster and develop this I – like probably all of us – do need and welcome a professional community, in which I feel inspired for new ideas, a community, which discusses the ethical and therapeutic challenges of our times as well as supports taking risks to grow beyond our personal and institutionalized limits in order to meet new potentials of ourselves and the needs of our clients in our present time.

## Appendices

### Appendix I: Questionnaire (QCM-1)

#### **The ethical profile of clients within the frame of Gestalt Therapy: Questionnaire for self-exploration of the ethical profile of a client**

*Notice: The following questionnaire is a first draft of a guideline to explore the overall ethical profile of a client, verbally expressed within a therapeutic context. It must be introduced in a carefully conducted, confidential dialogue with the client. The client might fill out the questionnaire by him/herself or in the form of an interview. The answers might serve as useful first hints about the question; how a client sees his/her overall ethical profile and memories past 'ethical performances' for further close exploration and intervention on Ethics within a therapeutic setting. I do recommend using The Davis Interpersonal reactive Index as a measure of the degree of empathy. (In: Keyzers 2011, 243)*

*The scale and grades 1-10 only intend to support the client in becoming aware of the different qualities, intensity and styles of performances of his/her ethical profile. The marked grades are not to be evaluated in a simple static and statistical manner. The structured format of this questionnaire intends to secure a more coherent and overall picture of the client's ethical profile.*

*The anonymous data might be used for further research about questions like: Does Gestalt Therapy address and improve the ethical profile of its clients?*

**1. Which of at least six ethical values would mirror your ethical profile?**

- a ..... b .....
- c ..... d .....
- e ..... f .....
- more .....

**2. Which of six values would mirror your ethical profile best in the eyes of others?**

- a ..... b .....
- c ..... d .....
- e ..... f .....
- more .....

Notice: Grade 1 for low, 10 for high

**3. To which degree do you accept yourself?**

Scale 1 ..... 5 ..... 10

**4. To which degree are you able to accept appreciation given to you by others?**

Scale 1 ..... 5 ..... 10

**5. To which degree do you appreciate your private living conditions?**

Scale 1 ..... 5 ..... 10

**6. To which degree do you appreciate your professional working conditions?**

Scale 1 ..... 5 ..... 10

**7. To which degree do you feel your ethical values are in harmony with your...?**

- a. immediate private surrounding:  
Scale 1 ..... 5 ..... 10
- b. larger social context:  
Scale 1 ..... 5 ..... 10

**8. To which degree would you score yourself as being a person who is acting in an ethically responsible way towards yourself?**

Scale 1 ..... 5 ..... 10

**9. To which degree would you score yourself as a person who is acting in an ethically responsible way towards other people?**

Scale 1 ..... 5 ..... 10

**10. Which actions of others would stimulate you to a strong negative emotion like:**

(anger, acts of injustice, disrespect, power over people etc. )?

Please name three of them in catchwords:

- a .....
- b .....
- c .....

**11. Which actions of others would stimulate you to a strong positive emotion like:**

Actions for social justice, against poverty and the exploitation of nature?

- a .....
- b .....
- c .....

**12. What kinds of negative ethical behaviour of others, experienced by yourself, can you recall?**

Please write down in catchwords.

- a .....
- b .....
- c .....

**13. What kinds of positive behaviour of others can you recall easily?**

- a .....
- b .....
- c .....

**14. Which other thoughts, and feelings came up during the interview?**

- a .....
- b .....
- c .....

**15. With which religious, philosophical or aesthetic traditions do you feel connected?**

- Christian (catholic, orthodox, protestant)
- Islamic
- Jewish
- humanistic
- post modern
- not religiously bounded
- others, that is: \_\_\_\_\_

## **Appendix II: Questionnaire (TM-2)**

The Therapist's Manual to explore the general ethical profile of a client

Notice: The exploration of the ethical profile of a client is a subject of the whole therapeutic process. To support the attention on ethical issues, the following questions might be an incomplete sample of impulses to be used during the dialogical process of the therapeutic exploration. The questionnaire could also be used to get a first overall idea about the ethical profile of the client within a specially arranged anamnestic session. In this case the questions could serve as a first guideline for the further dialogical anamnestic and therapeutic procedure.

1. Which values and ideals does the client represent him/her most in his / her opinion?
2. Which ideals and values does the client reject strongly?
3. Are the client's ideals and values coherent or dis-coherent within themselves?
4. How does the client deal with the dis-coherence of his / her values?
5. Are the ideals and values open for new experiences or are they more rigid?
6. Are the client's actions influenced by inhibitions (strong moral values, rigid introjections)?
7. Does the client seem to have a lack of values (inner direction / confluence)?
8. Are the client's actions accompanied by strong emotions of fear, of feelings, of guilt, or of shame?
9. How does this feeling influence his/her ethical commitment in the client's opinion?
10. Do the ideals and ethical norms mentioned by the client rather serve for short-term or long-term orientation?

## **Appendix III: Questionnaire (TM-3)**

Exploration of Personality and Personality-Function - Cluster of ethical Self-Representations, ideals and values of a client within the context of a Gestalt Therapy

Notice: This questionnaire is especially designed for therapists who are familiar with the diagnostic and therapeutic application of the Gestalt Therapy theory of the Self. As it was outlined in chapter II,2 to differentiate the notion Personality (as a set of assimilated self-representations) and Personality-Function (as the capacity to activate individual values and ethical demands of a present situation), this questionnaire catches not only the individual set of values but also the extent to which the client can activate his/her values within a concrete situation.

## **1. Personality**

As the assimilated spectrum of one's own ideals and values

- Can the client assign several ideals and values, which are important for him, to concrete situations and actions performed by him/her?
- Can the client recall concrete situations, in which he /she could reflect deliberately, which of his/her ethical values should determine his / her interaction?
- Is the client able to name specific challenging ethical situations, in which he / she acted courageously?
- Does he / she experience his / her ideals as given by others or by outer circumstances?
- Can the client recall challenging situations, in which he / she got stronger feelings of guilt or shame?
- How does the client cope with an experience, where he / she thinks to have made an 'ethical mistake'?
- Are these memories of failure accompanied by stronger feelings of self-blame?
- What coping strategies to overcome these failures does the client employ?

## **2. Personality-Function: The ethical regulator within a present situation**

- Does the client consider the ideals and values as something, he/she did or could actively acquire by his/her own initiative?
- Does the client consider his / her own personal values as something, he can determine and actively control by his / herself?
- Does he/she describe her/his ideals and values as more imposed by others or external circumstances?
- To which degree does the client become aware of his/her ethical values in a concrete therapeutic situation?
- Can the person easily retrieve the ideals and values in an actual process of ethical decision making?

## **3. Ethical Aspects of the interaction: Personality-, Id- and Ego-Function of the Self**

- Which psychic mechanism (for example by: interjection, projection, retroreflection, confluence), beliefs, or narratives do support or preserve his/her values and ideals within the therapeutic context?
- In which way and moment do the client's individual values and ideals impinge his/her loss of Ego-functioning?
- Does the client think that his/her ideals and values (Personality) help to get what he/she is striving for (by the Ego)?
- In which way do the ideals and values (Personality-Function) serve to regulate strong affects (Id-Function) within an actual situation?

- Do the values and ideals (Personality) serve to compensate (legitimate) deficits of the individual Id- or of the Ego-function?
- Are these ideals and values easy to retrieve (short term availability of sets of values, what to do right now and next) during a current situation?
- Do the client's ideals and values serve for specific support of the Ego-function due to a need for affect regulation within an actual situation?

## **Appendix IV: Selected notions in the Field of Ethics**

By the specific meaning of highly loaded notions, we symbolize what we intend to express about a subject - in our case about Ethics. The mutual and on-going process of clarification concerning the meaning of the notions to be used within our discussion about Gestalt and Ethics is the most important work. The following short definitions of some notions in the field of Ethics are just a first step to further clarification.

Some selected notions in the field of Ethics

- Normative or social Ethics: Are asking questions about what is right and wrong in living and acting in consideration of everybody. They ask about objective conditions of and action for justice for everybody (see John Stuart Mill). The challenging question with this profile of Ethics is, how much they do need to be assimilated to foster the individual ethical decision-making.
- Reason- and Obligation-Ethics: It connects the will closely to the insight of the practical reason into the moral correctness of the respective norm of behavior, until the insight determines the individual will in a complete way. The reasonable moral becomes the subjective maxim of the 'Must' / 'Should', so that the will can be right, it has to be free from other influences. The ethical self-determination is based on the 'autonomy' of reason, which is corresponding closely with the individual will (see Kant, I.).
- Extrinsic Ethics: Values and norms taken or given from the outside. The question is: How do they become an inner part of a person to enable his/her ethical decision-making within an ethically challenging situation?
- Individual Ethics: This notion is about how to create a good individually satisfying lifestyle. The question is how much this profile is also opened to the rights and needs of others (see Seel).
- Evaluative Ethics: It points out that ethical decision-making is a process within a concrete situation: It asks for the ethical self-understanding and profile of lifestyle of an individual or small groups within a concrete context (see Lee 2004).
- Intrinsic Ethics: Means ethical norms and values developed by the individual person, assimilation, and self-creation. The question is: how is this self-formation possible?

- Situated Ethics: Means to be opened with an attentive, yet also evaluative mind focused on the concrete elements of the situation in the 'Here and Now'. The question is: how are ethical values and guidelines activated within a current situation (see Bloom 2014 )?
- Post-modern Ethics: "There is nothing without context" (J. Derrida): Ethics must consider the complexity and relational conditions of ethical challenging situations. The question is how to reduce this complexity to be able to act.
- Ethics of resistance: When do we start saying 'no'? A key to the social Ethics of the powerless (see Goodman, Hoy).
- Relationship Ethics: Martin Buber argued, that Ethics cannot be grounded and evaluated in the human behaviour as such but only in the human relationship. Only within the reality of the encounter of person to person can we catch what Ethics means, when the human being is confronted with his / her own possibilities to decide in a concrete situation, what is right and what is wrong" (see Staemmler 2015 and Wheeler 1992).
- Discourse Ethics: Is a form of developing and evaluating ethical norms through an inter-subjectively arranged process of argumentation of individuals with equal rights. Not a single person (see Kant), but a community of individuals assumes the task to examine the validity as well as the justification of ethical values. This demands a personal commitment from each participant in order to get involved in this discourse as well as in 'living' these values (see Habermas 1983).
- Ethical profile: With this notion I denote all cognitive, voluntative, emotional and behavioural ethical aspects of an individual person.
- Ethical state: Means a suitable set of ethical values and beliefs, and identifications within a specific context. Like the professional ethical state, a doctor, policeman, or therapist identifies with a framework from which to act in a professional situation.

## References

- Alt, F. (2015): Der Appell des Dalai Lama an die Welt. Ethik ist wichtiger als Religion. Salzburg: Benevento.
- Becker, E. (1968): The Structure of Evil. An Essay on the Unification of the Science of Man. New York: Free Press.
- Becker, E. (1976): Die Überwindung der Todesfurcht. Dynamik des Todes. München: Goldmann. Original: Becker, E. (1973): The Denial of Death. New York: Free Press.
- Beisser, A. R. (1979): The paradox theory of change. In: Fagan, J. / Shepherd, I. L. (Hg.) (1979): Gestalt therapy Now: Theory, Techniques, Applications. Palo Alto: The Gestalt Journal Press, p. 77-80.
- Bloom, D. (2007): Situative ethic and the ethical world of Gestalt Therapy. In: Francescetti, G. et al (1994): Gestalt Therapy in clinical practice: From Psychopathology to the Aesthetics of Contact. Milano: Franco Angeli, p.131-145.
- Bocian, B. (2007): Fritz Perls in Berlin 1893-1933. Expressionismus – Psychoanalyse - Judentum. Köln: Peter Hammer Verlag.
- Buber, M. (1900): Nietzsche und die Lebenswerte (Nietzsche and the values of Life). Berlin.
- Buber, M. (1923): Ich und Du. Heidelberg: Lambert Schneider; In English: Buber, M. (1983): I and Thou. New York: Touchstone.
- Bühler, C. (1975): Die Rolle der Werte in der Entwicklung der Persönlichkeit und in der Psychotherapie, Stuttgart: Klett. English: (1962): Values in Psychotherapy. New York: Free Press.
- Colli, G. & Montinari, M. (1967): Kritische Gesamtausgabe Friedrich Nietzsches. München, Berlin, New York: De Gruyter.
- Damasio, A. R. (2015): Descartes Irrtum: Fühlen, Denken und das menschliche Gehirn. Berlin: List-Verlag.
- Davis, M. H. Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology. 44, 113-126
- Ekman, Paul (2014): Gefühle lesen. Wie Sie Emotionen erkennen und richtig interpretieren. Heidelberg: Spektrum.
- Francescetti, G. / Gecele, M. / Roubal, J. (2007 / 2013): Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact. 2nd Edition. Milano: Instituto di Gestalt.
- Freud, S. (1905): Drei Abhandlungen zur Sexualtheorie. Gesammelte Werke, Bd. V. Frankfurt Fischer 29-145; English: 1962. Three Essays on the Theory of Sexuality. New York: Basic Books.
- Freud, S. (1914): Zur Einführung des Narzißmus. Gesammelte Werke Bd. X Frankfurt; Fischer 29-145; English: On Narcissism: An Introduction. in Freud, S. (1957) collected Papers, 4, Hogarth Press London.
- Freud, S. (1916): Vorlesung zur Einführung in die Psychoanalyse. Gesammelte Werke, Bd XI Fischer, 137-145, Introductory Lectures on Psycho-Analysis.
- Freud, S. (1921): Massenpsychologie und Ich-Analyse. Gesammelte Werke, Bd. XIII Frankfurt, Fischer 71-161.
- Freud, S. (1923): Das Ich und das Es; in: Gesammelte Werke Bd. XIII Frankfurt am Main Fischer, 236-289 / English: The Ego and the Id.

- Freud, S. (1930) Das Unbehagen der Kultur; Gesammelte Werke Bd. XIV, Frankfurt Fischer, 419-380.
- Friedländer, S. (1926): Konzept der schöpferischen Interdependenz. München.
- Goodman, P. (1977): Nature Heals: The Psychological Essays of Paul Goodman. New York: Free Life Edition.
- Gremmler-Fuhr, M. (1999): Die ethische Dimension in der Gestalttherapie. In: Fuhr, R. et al (Hrsg.): Handbuch der Gestalt Therapy, Göttingen, S. 545-562.
- Hebb, D.: The organization of behavior. New York, Wiley 1949.
- Habermas, J. (1983): Erläuterungen zur Diskursethik. In: Habermas, J. (1983): Moralbewusstsein und kommunikatives Handeln. Frankfurt: Suhrkamp.
- Hoy, D. C. (2004): Critical Resistance: From Poststructuralism. London: MITPress.
- Hutterer-Kirsch, R. (Ed.) (1996): Fragen der Ethik in der Psychotherapie. Wien: Springer.
- Jacobs L. (2003): Ethics Of Context And Field. The Practices Of Care, Inclusion And Openness To Dialogue. British Gestalt Journal, 12, 2.
- Jacobs, L. (1992): The inevitable intersubjectivity of selfhood. In: International Gestalt Journal 28/1, p. 43-70.
- Jacobs, L. / Hycner, R. (2009): Relational Approaches in Gestalt Therapy. New York: Routledge Chapman Hall.
- Joyce, P. / Sills, C. (2006): Skills in Gestalt und Counselling and Psychotherapy. London: Sage.
- KGW (1967) see: Nietzsche, F.
- Kant, I. (2010) Kritik der praktischen Vernunft, Stuttgart. Reclam.
- Kant, I. 2011 Grundlegung zur Metaphysik der Sitten, Stuttgart. Reclam.
- Keysers, C. (2011): The Empathic Brain, How the Discovery of Mirror Neurons Changes our Understanding of Human Nature. Social Brain Press.
- Kohlberg, L. (1995): Die Psychologie der Moralentwicklung. Frankfurt: Suhrkamp.
- Kramer, R. (1996): Psychology of Differences. The american lectures of Otto Rank; Princeton: Princeton University Press.
- Lee, R. (2004) (Ed.): The Values of Connection. Hillsdale NJ: Gestalt Press.
- Lee, R. (2004): Ethics. A Gestalt of Values / The Values of Gestalt. A Next Step. In Lee R. (Ed.): The Values of Connection. Hillsdale NJ: Gestalt Press.
- Lévinas, E. (1996): Ethik und Unendliches: Gespräche mit Philippe Nemo. Wien: Passage Forum.
- Lévinas, E. (1999): Die Spur des Anderen: Untersuchungen zur Phänomenologie und Sozialphilosophie. München: Alber-Verlag.
- Müller-Ebert, J. (2014): Wie Neues gelingt. Die vier Schritte zur Veränderungskompetenz, Köln: Kösel.
- Müller-Ebert, J. (2016): Per cambiare non bastano i sogni; Milano: Feltrinelli.
- Müller, B. (1986): Isadore From's Contribution to the theory and practice of Ego. In: Studies in Gestalt Therapy, 2. Ragusa, Syracus. Human Comm. Center Publ. House, p.7-23
- Müller, B. (2003): The influence of Otto Rank's Concept of Creative Will on Gestalt therapy. In: Lobb, Amendt-Iyon, N. Creative licence ;Wien, New York Springer p. 129-140.

- Musil, R. (2013): Der Mann ohne Eigenschaften. Köln: Anaconda.
- Nevis, E. C. (1992) (Ed.): Gestalt Therapy: Perspectives and Application. New York: Gardner.
- Nietzsche, F. (1967) Kritische Gesamtausgabe Werke (=KGW). Hrsg.von Colli, G und Motinari. München, Berlin, New York.
- Nietzsche, F. (1954): Fröhliche Wissenschaft. Werke in drei Bänden, Band 2, Aphorism 200.
- Perls, F. (1947 / 1969): Ego, Hunger and Aggression. New York: Random House.
- Perls, F., Hefferline R. and Goodman P. (1951): Gestalt Therapy Excitement and Growth in the Human Personality, Volume one: Orienting the Self; Volume two: Reality, Human Nature and Society; Theory of the Self: Gestalt Journal Press, Highland NY.
- Perls, F. (1969): In and Out the Garbage Pail. Gestalt Journal Press.
- Perls, F. (1973): The Gestalt Approach/ Eye Witness to Therapy, Science and Behavior Books, Palo Alto CA.
- Perls, F. 1980: Gestalt-Wachstum-Integration. Aufsätze, Vorträge, Therapiesitzungen. Paderborn Jungfermann
- Perls, F. (1998): Was ist Gestalttherapie? Köln: Hammer Verlag
- Perls, F. (2015): Grundlagen der Gestalttherapie. Stuttgart: Klett-Cotta.
- Plooi, F. / van de Rijt, H. (1992): Oej, ik groei!, Arnheim: Vbk Media.
- Poepel, E. (2006): Der Rahmen: Ein Blick des Gehirns auf unser Ich. München: Hanser.
- Poepel, E. / Wagner, B. (2013): Dummheit: Warum wir heute die einfachsten Dinge nicht mehr wissen. München: Riemann.
- Polster, E. (2015): Beyond Therapy: Igniting Life Focus Community Movement. Brunswick: Transaction Publishers.
- Rank, O. (1924): Trauma of the birth. In: Kramer, R. (Ed.) (1996): Psychology of Differences. Princeton: Princeton University, p. 578-84.
- Rank, O. (1927): Love, Guilt and the denial of Feelings. In: Kramer, Robert (Ed.) (1996): Psychology of Differences. Princeton: Princeton University, p. 153-165.
- Rank, O. (1928b): Beyond psychoanalysis. And its Importance for Psychoanalytic Therapy. In: Kramer, R. (Ed.) (1996): Psychology of Differences. Princeton: P. University Press, p. 228-239.
- Rank, O. (1928c): Gestaltung und Ausdruck der Persönlichkeit. Leipzig / Wien: Deuticke.
- Rank, O. (1929a): Die Analyse des Analytikers und seiner Rolle in der Gesamtsituation. Leipzig / Wien: Deuticke.
- Rank, O. (1929b): Wahrheit und Wirklichkeit. Wien: Deuticke. English ed.: Truth and Reality: A Life History of the Human Will. New York & London: Norton Library 1978.
- Rank, O. (1930 / 1998): Psychology and the Soul; New York: London: Norton & Company.
- Rank, O. (1932a): Art and Artist. Creative urge and personality development. Tudor Publishing Com. New York.
- Rank, O. (1932b): Modern Education. New York: Alfred Knopf.
- Rank, O. (1936): Will Therapy: The therapeutic application of will therapy. New York: Norton Library.
- Rank, O. (1929): Technik der Psychoanalyse, Bd. 2. Leipzig/Wien: Deuticke.
- Rank, O. (1941): Beyond Psychology. Published posthumously by Estéle Rank, Toronto.

- Reckwitz, A. (1995): Die Erfindung der Kreativität. Frankfurt: Suhrkamp.
- Roth, G. (2015): Persönlichkeit, Entscheidung, Verhalten. Warum es so schwierig ist, sich und andere zu ändern. Stuttgart: Klett Cotta.
- Seel, M. (1996): Ethisch – ästhetische Studien. Frankfurt: Suhrkamp.
- Staemmler, F.-M. (2015): Das Dialogische Selbst. Postmodernes Menschenbild und psychotherapeutische Praxis. Stuttgart: Schattauer.
- Staemmler, F.-M. / Doubrawa, E. (2005): Die heilende Beziehung: Dialogische Gestalttherapie, Wuppertal: Books on Demand.
- Stern, D. N. (1985): The interpersonal world of the infant. A view from Psychoanalysis and Development Psychology. New York: Basic Books.
- Stoehr, T. (1994): Here Now Next. Paul Goodman and the Origins of Gestalt Therapy. San Francisco: Jossey Bass Publications.
- Wertheimer, M. (1934): One truth. In: Social Research, Vol. 1. No. 2.
- Wheeler, G. (1992): Gestalt Ethics. In: Nevis, E. C. (Ed.): Gestalt Therapy: Perspectives and Application. New York: Gardner Press, p. 43-70
- Wheeler, G. (2000), Beyond Individualism: Towards a New Understanding of Self, Relationship and Experience, The Analytic Press/ Gestalt Press, Hillsdale NJ.
- 

Bertram Müller Dipl. Psych. works as a Gestalt psychotherapist in private practice in Düsseldorf and as Gestalt trainer and Supervisor in several European countries. He has academic degrees in Philosophy, Theology (1973) and clinical Psychology/Psychotherapy (1981). He trained since 1973 in Gestalttherapy in Europe and USA with Ischa Bloomberg, Lore Perls and (from 1977-1982) with Isadore From. He was the founding Vice-President of the German Ass.of Gestalt Therapy (DVG), Founding president of the German Otto Rank Ass. (DORG), and founding member of the European League of the Institutes of the Art (ELIA). He was founder and artist director (1979-2013) of the Tanzhaus NRW (Dancehouse Northrhein/Westfalia). He was honored a.o. with the "Chevalier des Art et des Lettres"(1991) by the French Minister of Culture and Education: Jaques Lang, and with the German Dance Price/ Deutsche Tanzpreis 2014. He published articles on: Gestalt diagnosis; Gestalt methodology; Gestalt education and coaching; as well as on concepts of the will by O. Rank and in Gestalt therapy; the teachings of I. From; as well as on artist and cultural development.



# Contact

## within the Therapeutic Relationship

---

Mikela Smith La Rosa

### Introduction

What is *contact*? We speak continuously about 'contact' in Gestalt psychotherapy as one of the most significant moments of therapy, particularly when attempting to describe "I-thou" moments. One of the most beautiful depictions of contact are in Martin Buber's (1950) work with short statements such as "the Thou meets me through grace" (p.11) or "all real living is meeting" (p.11). Notably, rather than using technical rational words, a more reflective, and at times metaphoric, poetic writing is used by Buber, revealing that such intense moments of togetherness cannot be described otherwise – a writing style that I turn to in this paper.

The aim of this article is mainly a process of reflection which I have carried out with the *you* in mind. I write with dialogue in mind, bringing to the foreground my own struggles, as therapist, with contact and withdrawal, while staying open to other author's views on the themes and placing questions to you, as the reader, and as part of the gestalt community.

### The Experience Of *Contact*

So what is *contactful* experience? Being with another brings so many different experiences with complex levels or modes of being. It is me in relation to you, you in relation to me, it is us, it is we, it is here, now, where we are, what is around us, the smells, the sounds, what I see what you see what we see in each other's eyes, or what we see as we sit and look around and marvel at the universe, the stars, the sunset, the intense power of the sea. It is no wonder that so many

people revere the concept of *oneness*. Contact! Melting in the other, melting those boundaries that define who we are, that separate us, give us clarity, make us strong, form us, give pattern to our personality – all in a moment.

The polarity of contact, when such contact is unavailable, when we move back and withdraw, or when we get frozen in our movement toward the other, can so easily leave us distant, lonely, unable to sense others or the world, fixing us in a private cold comfortably stable 'safe' cocoon. We learn how the movement towards contact sometimes happens so easily and naturally, yet at other times, can be so difficult to just *be* with the *other*, to get to a space of trust of holding of warmth, enough to slowly begin to melt the enormous glaciers between the *me* and the *you* reminiscent of where we all came from.

Contact! So difficult to know when we lose it, when stuck in a withdrawn position. When pride or fear or loss automatically push us to withdraw, move away, protect ourselves and begin to believe we can do it alone. Those illusions that we do not need the other, who once meant so much, gave so much, shared so much. Be it mother, child, partner, husband, father, friend, soulmate.

When we lose this through conflict, separation or simply through time, it is those precious moments that we look to and that I feel give meaning to the life I live. The bright eyes of the children I worked with; the time I got lost with a friend in a fishing village; beautiful lily pads on a tropical lake; dancing around a campfire; holding my sons at the moment of birth, so delicate, vulnerable yet strong. All little bubbles of infinity that I believed would never end, which I thought I could treasure and hold as my little time capsules of passion, love, fun, relaxing, stillness, togetherness, that could live on for ever – or so I thought.

“Reality is exciting or concernful” (Perls, Hefferlein & Goodman, 1994, p. 200) and as much as these melting moments could be so beautiful and so uplifting, separation, hurt and loss could bring the same equal powerful blows. So powerful that it leaves us questioning why we trusted life or *the other* in the first place, whether it makes sense to ever experience such moments at all, how we can go on living without what we had, without that innocence and naivety that it will last forever. *Suffering*, as much as *contact*, is all part of the human experience, whether in the role of client or in the role of therapist. Bandin speaks of suffering:

Life even for the most fortunate people, includes the experience of suffering...We can consider suffering not as a detour on the fluid highway of pleasure, but its other pole. (Vazquez Bandin, 2013, p.296)

The pain suffering brings! The intense sadness, felt in full, real, physical pain. Experiencing this is the moment when it becomes easy to understand where the cliché 'broken heart' comes from, where excruciating pain can actually be felt and located in the physical heart.

## The Ethical Vulnerability of the Gestalt Therapist and Client

Contact! Do we want it? Is it really what makes life worth living, or is it what eventually kills us? Today, now as I write, I don't know. What I know is that as Gestalt therapists we work in a field where we are constantly attempting to hold, contain, promote and work with this complexity. So many authors write about this including Lichtenberg (1994), Polster (1995), Wheeler (2000), Philippon (2001) and Parlett (2005). Consider the following excerpt for example:

Contact is a boundary event in continuous evolution, which the Gestalt therapist looks on as a process of relational intentionality. The forming of the relationship is the place where the "I" and the "you" arrive at a new truth... (Spagnuolo Lobb & Lichtenberg, 2005, p.37)

With the premises that the "gestalt-theoretical vision of the world can be characterised as dynamic, relational and intentional" (Wollant, 2012, p.50), with contact so much at the centre of our work, today I question, how can I enter into contactful relating if I myself wonder right now about the scope of meaningful contact when lack, or loss, of it can bring so much pain?

How can we be with others, as therapists with our client, when both I and the client are struggling with this? As Bloom points out, "Therapists cannot leave their personalities at the office door. It is neither good practice nor possible" (2013, p.136). The same goes with emotions, feelings, concerns, worries, questions, and all that make who we are at that present moment in time. All this, cannot simply be dropped outside our office door.

Do I want to create such moments of contact in my work as a gestalt therapist? We know, as gestalt therapists, and more than that as human beings, that this is what we all yearn for and so do our clients. What are we trying to do and how can we do this within ethical form? Miller's words gather the complexity of such a process:

Good psychotherapy...is by definition ironical...its interpretative and exploratory ironies can help people accept limitation, imperfections, complexity, and the points of view of others. In irony begins empathy after a fall – especially a fall into troubled relations with others. (Miller, 1996, p. 217)

As therapists we too experience "falls". How easy it may become to use irony, imperfection or existential exploration with clients in order to process our own needs as individuals in the role of therapists while relating with our clients. Unless aware, and unless having someone to work this out with, outside of the therapeutic relationship with clients, slipping into such a subtle intimate space of self-suiting and self-process with clients, can so easily happen.

We speak so much about clients going through loss, pain, trauma, depressed feeling and so on, yet what happens to us, as therapists, when we are going through such moments, moments

of non-contact, withdrawal, disappointment with the world, or anger. What is ethical at this time? At a time when therapy not only equals client but also equals job that we depend on for everyday living. No doubt, this is such a delicate reality to consider.

This may be an area worth considering further. Today, gestalt literature is rich in providing guidelines on how to cope with this, such as: “It is a duty of Gestalt professionals...to strive to find tools that relieve, console, and helps us to accompany others on the road of human suffering” (Vazquez Bandin, 2013 p.314); and “What is the sense of the Life? What do I want in my life? The Gestalt-therapist is faced with the same questions, in his/her personal life in sessions with patients as in supervision. It is important that he/she does not project on patients his/her own answers (Masquelier, 2013 p.316).

However, I’m interested in looking further into therapists’ personal experiences of coping with their own grief, loss and trauma while working with clients presenting with similar themes. Joyce & Sills (2014) emphasise the importance of acknowledging the difference between you (as therapist) and the client, mainly with regards to customs values and beliefs, and mostly with regards to those that are deeply engrained out of our awareness. More complex however, is that place where, due to strong powerful experiences, such values and beliefs have been shaken are being challenged or being reviewed by the therapist herself – a place where one’s stand or positioning is unclear, non-committal or gray. Here is where I would turn to Bloom’s chapter on “situated ethics”.

Bloom describes situated ethics as “the ethics of the human situation, a structure of the phenomenal lifeworld in which all of us can be human beings” (p.132) one which is experiential and existential – a “situation” (Perls, Hefferleine & Goodman, 1994) which is “both emergent of contacting and the basis for contacting” (Bloom, 2013, p.136). In a post-modern world where dehumanization and distancing of people (Bauman, 2002) features around us in the news, in business, communications and so on, when this cultural stance is combined with the personal place of a non-committed, indifferent positioning we are easily taken far from contact.

Rooted in our gestalt story is our questioning of introjects, including at time deconstructing fundamental values and beliefs. Unfortunately, perhaps in order to avoid contactful experience (which in itself requires support, positioning and a clear personality function), we might stop there – in a ‘positionless’ place of silent indifference. It is here where situated ethics becomes crucial. The Gestalt therapist cannot enter into a therapeutic relationship (which in our approach includes the openness to meet the client at the contact boundary), if fixed in one’s own gestalt of indifference.

As Kattago writes, “One’s responsibility to the other is unconditional...Responsibility arises from the closeness of the other” whereby the “dignity of the human face calls us into infinite responsibility” (2013). Both Emmanuel Levinas and Zygmunt Bauman emphasise our responsibility when simply being in front of another human: “since the other looks at me, I am

responsible for him, without even having taken on responsibility in his regard” (Levinas, 1985), let alone when the person in front of us comes in the role of client and we welcome them in, from the role of therapist, with all our responsibility, knowledge, standard of practice, ethical codes, professional experience and clinical wisdom (Bloom, 2013).

Bloom (2013) expands on this, first by pointing out the shift from “ethics of individualism” to a post-modern “contemporary 'relational', 'field', 'community' or 'environmental' ethics” whereby the focus shifts more towards an intersubjective “ethics of care” (Jacobs, 2011 cited in Bloom 2013, p.133). With more and more focus directed towards the therapist-client 'relational field', “the intimacy and the resulting vulnerabilities of the two parties emerge to the foreground. Exactly these vulnerabilities make the ethical behaviour of both parties so crucial” (Lompa, 2013, p.147). Situated ethics takes on even more weight when viewed in terms of the dismantling so inherent to modernity:

all modernization consists in „disembedding“, „disencumbering“, „melting the solids“ etc; in other words, in dismantling the received structures or at least weakening their grip. From the start, modernity deprived the web of human relationships of its past holding force; „disembedded“ and set loose, humans were expected to seek new beds and dig themselves in them using their own hands and spades (Bauman, 2002)

Gestalt therapy, together with other therapies and influential philosophies, may have had their own hand in the deconstructing and undoing of introjects both individual and societal so that today, in our post-modern world we wonder about ethics, values, beliefs and roots, which years ago stood out strongly and clearly:

The disembedding goes on unabated, while the prospects of re-embedding are nowhere in sight and unlikely to appear... Bonds are easily entered but even easier to abandon...Long-term commitments with no option of termination on demand are decidedly out of fashion and not what a „rational chooser“ would choose... This only means, however, that at no other time has the keen search for common humanity, and the practice that follows such an assumption, been as urgent and imperative as it is now (Bauman, 2002).

Reading recent literature on Gestalt therapy practice, particularly that which throws light on intrinsic and extrinsic ethics, it becomes clear that the gestalt community has embarked on a search for such meaning, for such “common humanity” rooted in meaningful contactful experiences. Bloom highlights the temporariness of community values, morality and beliefs, pointing out that “Opinions about the “field”, the environment, relational responsibility, even spirituality, change over time” (2013). With such fluidity and liquidity, Bloom emphasises that it is the very “structure of the actual situation and our work at the contact-boundary” (*italics included*) that remain constant. “They are the pole star of our practice while the nature of our patients’ suffering and our clinical knowledge base change over time” (2013, p.142)

Here, I come to see a different form of contact, one which can hold within it the intricacy of pleasure, warmth and joy together with suffering. That of being with another not only in joy but also in suffering, in pain, in sadness, in confusion, loss, disappointment, anger. This is the place where our psychotherapeutic skills, rooted and embedded in ethics (with all the situational, content and social complexities described above), come together in 'staying with', sharing, holding, containing – all while being in contact with the other.

## **Transient Moments of Contact**

Over the years there has been a clear shift from an individualistic approach in therapy that focuses purely on self-development and self-growth, to one that looks at the self in relation to others, the self in context and self in environment. Wheeler for example, is one such author that looks at themes such as moving beyond individualism, connection, belonging, contact, creativity, self in the social field, support, shame, intimacy and so on (Wheeler, 2000; Wheeler, 2003). This means that as therapists, as we enter into the client-therapist field, we are also entering as human to human, both in relation to each other.

As Philippson (2001, p.27) points out “Gestalt therapy is about relationship” also implying that we meet as humans, with all our pain, suffering, joy and whatever our 'self' brings. We also both bring our background, values, stories, and beliefs about life at that point in time. It is in this way that we meet the client and the client meets us. “Therapist and client co-create each other, and explore this co-creation” (Philippson, 2001, p.27) with all that each brings.

When the two meet, “something comes into existence that is a product of neither of them exclusively” (Parlett, 2005). Whatever I as therapist, bring to the therapy context, including my pain suffering and questions, or my joy, wonder and love of life, what I give to that context and create in relation to that context, and with the other human in the role of client, is something new, creating a space for new figures, new experiences, new experimental co-experienced realities, within the therapeutic relationship and boundaries. “With this 'co-created' reality, a shared field comes into existence” (Parlett, 2005) as contact is “a mutually creative interaction” whereby “each participates in the creation of the other” (Beaumont, 1993).

While assessment, boundaries and adopting a wider orientation towards good health and well-being, are important aspects of the therapeutic journey, when speaking of commitment to a phenomenological dialogic approach, we are not analysing the client and we do not relate with the client with a goal or an aim that is planned or predictable. Rather “the therapist is authentically present as a person” whereby “in true dialogue...the parties to the dialogue give up control of the outcome by being themselves and interacting with the other person, who does the same” (Yontef, 2005, p.96).

Here is an example of my experiences with a client in therapy:

*Rita<sup>1</sup> looks at me, her eyes dull and helpless. She complains of stomach pains and a general feeling of apathy, explaining that her only way of venting out is cleaning. She claims that she knows that this is not good because, as she was told by a professional, "it is OCD". She will be 60 this year and has gone from shelter to shelter due to domestic violence ever since she was in her 20s.*

*As sessions progressed she begins verbalising her concerns and worries, asking "will any of my children ever talk to me again? I miss my grandchildren so much!"; "will I ever have my own home?"; "Will I die in an old people's home alone?" The fear, loneliness and pain that accompany these words can be experienced in the room. She seems to be stuck in an abyss of depressed feelings unable to come out of it, accompanied by a myriad of physical symptoms including obsessions with cleaning and fears of having cancer due to psychosomatic complaints.*

*It becomes evident to us both that the cleaning serves so well as a means of taking her mind off such existential issues. She yearns for someone to love her, reach out to her, care for her, hold her. Someone to whom her existence means something. I experience that she has begun reaching out to me and I stay open to this movement. I feel genuine reverence acknowledging and trusting that the therapy context and role has the potential to give her this within the boundaries of the therapy context and relationship.*

*The Inborn Thou is Realised in the Lived Relations with that which Meets it.  
(p. 27 Buber, 1950)*

*The regular weekly sessions turn into a space of holding, containing and support allowing for more experiments and gestalt therapy interventions. As I reflect on what is being co-created, including the experiences of transference, I get in touch with moments in which we shift and dance between the mother-daughter nature of relationships and roles, at times being the containing mother for her, other times 'lending myself' or 'becoming' (with awareness) her 'daughter', experiencing moments where she genuinely asks with concern "are you hungry, would you like one of my biscuits?" or "I know the time is up, I don't want to keep you, you must be busy".*

*Now, we arrive at insight together, she cries with me, she finds strength after sharing moments of heaviness with me, after a tough session we look at each*

---

1 The name is fictional

*other and rest, her clear blue eyes have started to shine again. I see that she is beginning to reach out to the world. She is looking for a part-time job, following up housing services, addressing health issues and accessing health care services, she has rekindled contact with her sister, brother and one of her daughters and she is over the moon.*

*How powerful is the unbroken world of It, and how delicate are the appearances of the Thou! (Buber, 1950 p.98)*

*Christmas, Easter and birthdays pass by and more and more meaningful moments of real contactful experiences are lived. Cleaning, while remaining a passion, is no longer so much of an obsession. She now meets all daughters, her grand-children, and extended family. She goes back to these moments, and I begin to see that these little experiences of I-thou have been lived, assimilated and are being carried within her giving more meaning to who she is and to her life story.*

*Our work has been a contactful experience, meaningful, pregnant with potential and life. She moves to a different residence, more suited to her needs and I notice that she does not ask for sessions as frequently and these become less and less. These few sessions focus on closure until the therapeutic relationship ends.*

*Every Isolated Thou is Bound to Enter the Chrysalis State of the It In Order to Take Wings Anew (Buber, 1950 p.100).*

What did the therapy experience mean to her? She would spend one hour a week with me and the rest of her time back to the real world, initially, back to the reality that nobody calls to see how she is, back to her mundane routine of cleaning each room's every corner as though trying to find some contact in the area she so meticulously cleaned. How dangerous it could become if we offer contact, holding, caring without also keeping in mind that this is not only it. How unethical it can be if this is not embedded in the knowledge that the real world is far from continuous never-ending moments of contact. As much as we all, as humans yearn for this, we all know that this is impossible. No wonder the reminders that Adam and Eve were thrown out of paradise! When the contact process, itself "figure-forming" is completed, "it becomes immediately obvious that the contact-situation as a whole is just one moment of the interaction" (Perls, Hefferline & Goodman, 1994, p.199).

Paradise can only be experienced in little shots, little bubbles, tiny time capsules only to be revisited by embodied flashbacks or nostalgic memories. Holding this as basic to our therapeutic interventions from beginning to end is crucial while keeping in mind that "the aftermath of contact is accomplished growth" (Perls, Hefferline & Goodman, 1994, p.200). As much as we emphasise I-thou and full contact, it is just as important to put this in context, grounded in the knowledge,

that the intervention, session, therapeutic relationship/experience will not last for ever, and thus emphasis on skills, on withdrawing, moving away and strengthening the self in relation to others is just as crucial.

The world of It is set in the context of space and time.

The world of Thou is not set in the context of either of these.

The particular Thou, after the relational event has run its course is bound to become an It. (Buber, 1950, p.33 )

Wheeler (2003) speaks of a 'transitional zone' of our inner and outer experiential field. This "space between" is:

the special arena of experiment, rehearsal, art, games, and other play – and therapy. To support creative process, we must support this zone itself, the zone of safe emergency... Protecting this space and enriching this flow are the special concerns of psychotherapy (p.176).

Rather than creating indifference to the field within which we live (a theme which Pope Frances refers to as "globalisation of indifference", the struggle of today's society), working with clients in this 'transitional zone' we are supporting the capacity to invoke and evoke necessary reference from the world around us, we carry the creative process from within the therapeutic field to the wider field of relationships and to the immediate social field, particularly when such resonant affirmation and support is missing.

In the role of client, it becomes so easy to become dependent on the therapist, whereby our yearning becomes satisfied by these moments in therapy, where we turn to the therapist to listen to us, to hold us, challenge us, and be with us. The therapist could so easily begin to replace our friends, loved ones or partners. Phillipson highlights this in his work "Self in Relation" saying that as therapists we must stay "open to the growthful uncertainties of the relationship with the client, while avoiding invitations to fit into a familiar and ungrowthful pattern of relating" (2001, p.28). I am so thankful for the therapy boundaries and for the bills payed, or the uncomfortable reality of having to access therapists by entering and sitting in waiting areas or accessing agencies. This discomfort serves as the environmental support to remind both client and therapist that the experience together is real but also not real, is relational yet is with a therapist whom I don't know much about, is meaningful and continuous, yet with the knowledge that this ends too. We all go back to our lives, whether fulfilled or mundane. The client and the therapist. As humans, we all go back.

## Conclusion

Our culture also needs to teach that intimacy requires a measure of discipline and craft – that there is an art to love in a literal sense – because constructing a mature, flourishing relationship is at least as hard a labor as learning to play the flute or carve a work of sculpture. (Miller, 1996, p.219)

Gestalt therapy “does not hold out the hope that we will be happy all the time, or that things will not go wrong again...We can in fact guarantee that the rough and the smooth will continue to coexist” (Philippson, 2001, p. 216). What we can hope is that after a session, our client and we, as therapists, leave with a little time capsule that gives more meaning to our self in relation to the world and to others. “Contact is spontaneously transitory. The self works for its completion but not its perpetuation” (Perls, Hefferline & Goodman, 1994, p.199).

Hopefully with that little meaning experienced, the client can slowly feel supported to open just a little bit more, to risk that little bit, to begin the gradual movement of reaching out again. With the little therapy gift in hand, perhaps the client begins to experience the need to create new boundaries with the world, with others, and begins to practice it out of respect for her very being, dignity, and that of others. With the little bubble of contactful experience, at that moment, the client feels spiritually and psychologically healed, for that brief moment, leaving the room knowing that another human shared what he was carrying, feeling just that little bit lighter, less hurt, enough to go out again and face life. As Hunter Beaumont shares, “it is deeply moving to have the privilege of being present as soul awakens hope in a deeply traumatized person” (2012, p.51).

“In the true therapeutic dialogue, both the patient and the therapist are changed. The therapist’s sense of self, other, and the relationship is changed by the dialogue”(Yontef, 2005, p. 96). Little do clients know how many little time capsules they have given us as humans in the role of therapist. Moments that give us hope in our own life, a little more trust in humanity, and awe at how humans can find strength through that little engine called resilience that just keeps moving us forward in the face of adversity. We learn so much in the work we do. I feel grateful. This is what our work is about. This is the true essence of the therapeutic relationship.

Perhaps the very nature of my words are written in the form of a little nutshell, a time capsule of reflection, attempting to gather in it the intimate essence, the experience of what the therapeutic relationship is, in a way that allows me to share it with you. As I wrote at the beginning, the true therapeutic relationship, real contactful I-thou, cannot be described in words. Only fleeting images, metaphors, expressions, memories can really give us a taste of the complexity, of meaning and essence of the full experience – from being separate, moving to the I-thou moment, to becoming separate again.

Loss and pain help us appreciate temporality. Difficult moments teach us that when the moment comes we grab it and live it as it is fleeting and can easily be missed. Perhaps therapy and the therapeutic relationship teaches us – therapist, client, humans – to look out for these moments, to sense them, be aware of them, and prepare ourselves to open up to them, living them at that point in time, acknowledging that they will not last forever, with the knowledge that we will have to slowly let go, recognising when it is the time to do so, and with satisfaction holding the experience as a precious moment in time when we are alone again with our self. Graceful movements though so hard to achieve!

## References

- Beaumont, H. (1993). Martin Buber's "I-Thou" and fragile self-organisation: Contributing to a Gestalt couples therapy. *British Gestalt Journal*, 2(2), 85-95
- Bloom, D. (2013). *Situated Ethics and the Ethical World of Gestalt Therapy*. In Francesetti, G., Gecele, M. & Roubal, J.(Eds.) *Gestalt therapy in clinical practice: From psychopathology to the aesthetics of contact*. Italy: FrancoAngeli
- Bauman, Z. & Yakimova, M. (2002). *Interview with Zygmunt Bauman: A postmodern grid of the worldmap?*. Eurozine [online: <http://www.eurozine.com/articles/2002-11-08-bauman-en.html>]
- Beaumont, H. (2012). *Toward a spiritual psychotherapy: Soul as a dimension of experience*. USA: North Atlantic Books
- Buber, M. (1950). *I and Thou*. Edinburgh, England: Morrison and Gibbs Limited.
- Joyce, P & Sills, C. (2014). *Skills in Gestalt Counselling and Psychotherapy*. London: Sage
- Kattago, S. (2013). Book Review: In the shadow of Antigone: resisting moral blindness. Moral Blindness: the loss of sensitivity in liquid modernity, by Zygmunt Bauman and Leonidas, Donskis, Cambridge, Polity Books. In *Journal of Political Power* [online: [http://www.academia.edu/5224152/Book\\_review\\_of\\_Zygmunt\\_Baumans\\_Moral\\_Blindness](http://www.academia.edu/5224152/Book_review_of_Zygmunt_Baumans_Moral_Blindness)]
- Levinas, E. (1985). *Ethics and Infinity – Conversations with Philippe Nemo*. Pittsburgh, PA: Duquesne University Press
- Litchenberg, P. (1994). *Community and confluence: Undoing the clinch of oppression*. Cambridge, MA: Gestalt Institute of Cleveland Press.
- Lompa R. E. (2013). *Comment*, Chapter 5. In Francesetti, G., Gecele, M. & Roubal, J.(Eds.) *Gestalt therapy in clinical practice: From psychopathology to the aesthetics of contact*. Italy: FrancoAngeli
- Masquelier, G. (2013) *Comment*. Chapter 15 in Francesetti, G., Gecele, M. & Roubal, J.(Eds.) *Gestalt therapy in clinical practice: From psychopathology to the aesthetics of contact*. Italy: FrancoAngeli
- Miller, M. V. (1996). *Intimate Terrorism: The Crisis of Love in an Age of Disillusion*. New York: W. W. Norton & Company
- Parlett, M. (2005). Contemporary Gestalt Therapy: Field Theory. In Woldt, A. L. & Toman, S. M. (eds.). *Gestalt Therapy: History, Theory and Practice*. (p.41-63) USA: Sage Publications Perls, F, Hefferline, R. & Goodman, P. (1994). *Gestalt Therapy: Excitement and Growth in Human Personality*. USA: The Gestalt Journal Press
- Philippson, P. (2001). *Self in Relation*. United States of America: The Gestalt Journal Press, Inc.
- Polster, E. (1995). *A population of selves: A therapeutic exploration of personal diversity*. San Francisco: Jossey-Bass.
- Spagnuolo Lobb, M. & Lichtenberg, P. (2005). Classical Gestalt Therapy Theory. In Woldt A. L. & Toman A. M. (eds.) *Gestalt therapy: History, theory and practice*. London: Sage Publications
- Vazquez Bandin, C. (2013). Loss and Grief. Sometimes, just one person missing makes the whole world seem depopulated. In
- Wheeler, G. (2000). *Beyond Individualism: Toward a new understanding of self, relationship, and experience*. Hillsdale, NJ: Gestalt Institute of Cleveland Press.

Wheeler, G.(2003). Contact and creativity: The Gestalt cycle in context. In Spagnuolo Lobb, M. & Amendt-Lyon, N. (Eds.) *Creative License: The art of gestalt therapy*. New York: Springer  
Wollant, G. (2012). *Gestalt Therapy: Therapy of the situation*. London: Sage

---

**Mikela Smith La Rosa**, read for a Bachelor in Psychology (Hons.) with Philosophy at the University of Malta. In 2009 she obtained a Post-Graduate Diploma in Gestalt Psychotherapy, led by Dr. Lidija Pecotic, at the Gestalt Psychotherapy Institute Malta and in the same year obtained a Master degree in Clinical Psychology at the University of Malta. In 2011 she completed a post-graduate Diploma in Supervision (EUROCPS) and is completing a Master in Gestalt Psychotherapy with EAPTI-GPTIM this year, 2016. Through her work and further training she is specialised in substance misuse and addiction, neuropsychiatry, mental illness and well-being, violence and abuse, dementia and reminiscence therapy. Over the years she has worked with public primary and secondary prevention sectors, governmental and non-governmental clinical services, in hospital settings, with children and adolescents, their parents and schools, and has undertaken training, teaching and supervising students and professionals coming from various contexts in the clinical field. Other positions held were chairperson, researcher and co-author for the Office of the Commissioner for Children; Supervisor, Examiner and Chairperson of Dissertations with the University of Malta.

Part 1

# Psychotherapy in Postmodern Society

– a Social Tool to Support Human Resources of the Time

---

Margherita Spagnuolo Lobb

## 1. The Evolution of Social Feeling and Psychotherapy

Talking about psychotherapy and society is a fascinating subject because it allows us to understand that different psychotherapeutic approaches, different schools, are not isolated developments of a clinical thought, but that they are constantly “contaminated” both by different interpretations of psychic distress which characterize each social period and by emerging needs. The effectiveness of an approach does not depend on its theory, but on the extent to which it is open to social trends and whether at the same time it brings innovative thinking to the society in which it is inserted.

Leaving the definition of psychotherapy<sup>1</sup> and specific factors of different approaches<sup>2</sup> to other works, here I intend to introduce the historical-evolutionary line between psychotherapy and society, focusing on the contemporary period, defined as “Postmodern Society.”

Psychotherapy will be considered here as a social tool in support of the human resources of the time. In this regard, it makes no sense to think that some psychotherapeutic methods are more effective than others for certain disorders: any psychotherapeutic method becomes a

---

1 This topic is elaborated by Migone (2004); Spagnuolo Lobb (2008).

2 See Migone (2004); Spagnuolo Lobb (1996; 2008).

This paper presents Part 1 of the full chapter written by the author. Part 2 will be presented in the next journal publication.

way to look at the social needs of the time, of course applied in a specific technique, which is primarily capable of providing a basic integrated support both to the individual and to society. Psychological problems of every time express its positive openings as well as its failures. The methods of treatment are being born and renewed within a given social context, so as to respond to disorders but also to the emerging needs of their time. Paraphrasing Winnicott we can say that theories are like games, which allow us to stay in the reality and to share it, they are a language that implies a mental code necessary to analyse human relationships. What changes from one approach to the other is the use of language so that similar things are called differently. “But there are no approaches that are better than others, there are only approaches that are preferred to others” (Spagnuolo Lobb, 2011, p. 248). In fact, it may happen that good therapists of different approaches are found to do similar things in the setting. I myself have often worked with colleagues having opposite approaches to mine and I was pleasantly surprised at the similarity with which we moved in front of the suffering of our patients (cf. Stern, 2006; 2010; Mahoney et al., 2007).

The goal is the same for all approaches: solving the problems of human suffering as they get revealed in a given social moment.

## **2. The Beginnings of the Psychotherapeutic Science: the Culture that Keeps the Nature at Bay**

The first two psychotherapeutic currents, psychoanalysis and behaviourism, born at the beginning of the twentieth century, started from two opposite premises: psychoanalysis was an intrapsychic approach that studied deep internal motivations of the human behaviour; behaviourism, on the contrary, following the model of empirical sciences, studied environmental factors that stimulate and strengthen observable and measurable behaviours.

Although theoretically opposed, both of these approaches were inserted in the cultural context of Europe of that time, attaching primary importance to the needs of culture to “normalize” discomfort, associated with impulsive nature (in the case of psychoanalysis), or with a lack of training (in the case of behaviourism). I will focus on some aspects of psychoanalysis which gave a fascinating contribution to the consideration of individual / society relationship.

Freud (1856-1939) attributed “civilization and its discontents” to an insuperable contradiction between individual needs and social obligations, and suggested adapting the needs of individual to social issues as the only possible solution (Spagnuolo Lobb et al., 2001). Thus he attributed scientific capacity (using poetic language) to a belief, common of his time, that the integration between spontaneous and creative growth of an individual and society, between nature and culture, was impossible. The “civilization and its discontents” represented a normal evolution of the individual / society relationship. Maturity was defined as the ability to move from the

pleasure principle to the reality principle: the instance of the superego, consisting of internalized social norms, was the consequence of this approach.

Although disputed among the academic world as detached from scientific criteria, psychoanalysis embodied the belief that the individual had to adapt to society. At a pedagogical and social level, it meant relying on the introjection mechanism. Learning poems and rules by heart, endorsing an idea by reciting its manifesto, were common educational methods, whereas being like others, adhering to a standard of conduct and / or living were a healthcare model. It seems that the intent was to protect the society from the disturbing presence of what is different. Normalization, which was obtained until then by segregation in the case of mental disorder, according to Freud's theory could be reached in a non-violent way, through a long process of transition to the reality principle.

The culture of the time was inspired by the Enlightenment ideals which put on the pedestal the intellect and considered emotions as animal baseness. With his discovery of the id, Freud gave emotions dignity and charm and he called for a normative instance (the super-ego), capable of guaranteeing society's need to avoid tribal orgy.

The society still could not conceive of a link between nature and culture, and it is not surprising that a few decades later culture was crossed by important dictatorships, which responded, among other things, with both extreme and fictitious clarity, to the social need to be protected from what you cannot control. Psychoanalysis was born from a dichotomous thinking about nature which threatens culture. The discovery of the id and the instance of the superego described well the thought of the time, which could not give to the Ego an integrative, creative and project-oriented function that was given to it in the following decades. This tendency to contain the impulses by giving them a sense is also present in the psychotherapeutic technique. Freud started from the attempt to overcome the limits of hypnosis (which in the nineteenth century was the only existing psychotherapeutic technique) by asking the patient to make free associations *while being awake*, instead of putting him in a state of trance. To the naive trust in reason which was typical of the previous century, Freud contrasted the existence of a powerful unconscious reality, as storage of childhood traumas maintaining the neurosis. His technique was putting these traumas under the control of reason, giving the proper role to emotions, once considered disturbing elements of reason. Freud now considered the importance of their influence on reason and transformed the disturbances that they create in the human mind into the possibility of integration that enriches the quality of reason.

### **3. The Thirties: the Triumph of Subjectivity**

Both the Freudian and the behaviourist perspective went into crisis in the early decades of the twentieth century, as the epistemological and cultural paradigms which kept them upright, as well as their conception of the relationship between the individual and society and between

psychotherapy and social context, collided with a new way of looking upon “reality”. Their very “children”, more or less Freudian dissidents - Otto Rank (1941), with the concept of will and counter-will, Adler (1924) with the concept of will to power, Reich (1945) with his absolutely confident outlook on sexuality (cf. Spagnuolo Lobb, 1996, pp. 72 ff.), Karen Horney (1988) who, in her *Last Lessons*, recommended strongly to analysts of Chicago to be less moralists with their patients - announced, at the beginning of the century, a change of psycho-social perspective on human relationships: child’s “no” (and patient’s “no”) is healthy, emotions of power are “normal”, bodily energy and sexuality can be experienced fully without falling in orgiastic disorder. The corresponding philosophical change is found in the thought of Nietzsche, whereas at the artistic level new forms, ranging from jazz to surrealism (we may think of Miró’s unstructured figures) reflected the desire to affirm new subjective perspectives.

The entire culture of the time, from literature and philosophy to expressive art, questioned the concept of “objective” reality. Phenomenology, with its emphasis on intentional subjectivity of feeling<sup>3</sup>, existentialism<sup>4</sup>, with its emphasis on the intrinsic value of individual existence, and many other cultural and scientific evidence, not least the studies on perception of the Berlin School (academic phenomenology which gave scientific importance to subjective perception)<sup>5</sup> had undermined the concept of objectivity of reality. If the so-called “objective” reality is a perceptual construction, the applicable standard is also a social construction and as such it can be taken apart and reconstructed to form different figures (just like the figures of Escher). Modern society witnessed the fall of the gods: all that was taken for granted did not come from a divine rule, it was not an “a priori” that transcends individual interests, but something that can be called into question. Therefore the idea that the therapy had to consist in pure introjection of a unique model of health became unacceptable.

While the Western world witnessed the emerging of dictatorial or totalitarian regimes, as an attempt to keep in force a social anchor that was crumbling<sup>6</sup>, on the ground of the society’s perception relativism of values made its way, which on one hand deconstructed the established power and on the other hand sustained the power of subjectivity and therefore the possibility of

---

3 The concept of Husserl (Welton, 1999) on intentionality and the mundane Ego (therefore incarnated and inseparable from the world) is the epistemological ground on which the subject becomes constitutively relational and creates a new concept of the self as a function of the field organism-environment. The separation subject/object becomes a secondary dichotomy with respect to an underlying reality which is the “world-of-life” and which is perceptible through the lived body (Spagnuolo Lobb, Francesetti, 2013).

4 Sartre (2008) said that it was necessary to choose between living and telling, as if telling was a devitalized act (as normed) whereas living did not require intermediaries between nature and man. Existentialism imposed to look at the dignity of individuals rather than to adapt them to the norm.

5 Cf. Cavaleri (2013); Spagnuolo Lobb (2013b).

6 Thus we can explain the consent even of significant men of culture, philosophers and psychotherapists, such as Heidegger, to dictatorial regimes. Cf. Polster, 1998.

integration between nature and culture, between impulses and social life. This value will serve as the basis for all psychotherapeutic approaches in the fifties, starting with those humanistic.

Along with disintegration of the basis of the common social rule, the sense of psychotherapeutic practice was deeply touched. It was the “normality” in itself that was called into question. The experience and the patient’s personal history were looked upon in a different way: not by reducing them to a rule but by appreciating them for their unique meaning. From Zola’s novels to phenomenological psychiatry<sup>7</sup> the concept of therapy was crossed by an aesthetic attitude (cf. Spagnuolo Lobb; Francesetti, 2015), in which the patient/therapist relationship got reversed by giving the patient, not the therapist, the power of cure (Cavaleri, 2009).

Therefore in the 1930s – 1940s, the univocal voice of the therapist was called into question to the advantage of the person’s subjectivity. We could say that there was an increase of interest in the Ego, in the individual’s capacity to create reality, whereas the interest in the id and elusive power of unconscious impulses got diminished.

This period is the cradle of many new psychotherapeutic approaches (cf. Bocian, 2012) such as the humanistic approaches, but also of deep revisions of the existing psychoanalytical and behaviourist models, which tend to engage with the social need to establish harmony between individual impulses and social growth. Thus emerges a new idea that the individual is self-regulated if he is fully present with his senses, i.e. if he is fully aware and if he sees the other.

#### **4. The Fifties: the Power of Rebellion**

After the World War II, the world changed radically. The United States, New York in particular, enjoyed a vibrant intellectual vitality, as a result of the exodus of the best European minds due to racial persecution. Those were scientists, philosophers, artists, writers, psychoanalysts, all eager to share their art and their thoughts, to honour their exodus and to respond to the horror of Nazism. Thus many psychoanalysts both orthodox and dissident ones (such as Karen Horney, Otto Rank, Wilhelm Reich, Frederick Perls) came into contact with new thoughts and theories about humanities, such as phenomenology, existentialism, and the American pragmatism. To them we owe a new way of looking upon human experience.

---

7 “According to Jaspers (1913), the therapist aims to understand the patient’s lived experience through empathy, without looking for naturalistic explanations; we should add to this the attention to counter-transference and co-constructed lived experience. According to the lesson of Merleau-Ponty (1979), the body experience (constitutively related) is the place that brings patient and therapist in contact with the flow of the “world-of-life” from which emerge feelings, emotions, thoughts and, therefore, the therapeutic direction. “ (Spagnuolo Lobb, Francesetti, 2013, p. 292)

From the thirties to the sixties of the twentieth century the philosophical movement of American pragmatism was in vogue. Its main exponents were: William James (1842-1910)<sup>8</sup>, John Dewey (1859-1952)<sup>9</sup> and George Herbert Mead (1863-1931)<sup>10</sup>, founder of symbolic interactionism. In the fifties we wondered if human behaviour was mainly determined by genetics or by social conditioning<sup>11</sup>, while pragmatism studied in deep the processes of social interaction, communication of meanings and symbols that lead to the creation of the mind and of the self.

The focus on experience (sensory experience in pragmatism and intentionality in phenomenology) and on concreteness of social relations rather than on imaginary inner worlds as proposed by Freud, led psychotherapy to get interested in what works in human relations (the study of normal processes) rather than in what does not work (the study of pathology), in tension towards the future inherent to any behaviour rather than in reasons related to the past. Many new models, both humanistic ones and those developed within the psychoanalytic or behaviourist world, were created with a mission to refer to the spontaneity of human functioning, avoiding to devalue it with theories derived from stories of patients' suffering. The world of psychotherapy became interested in what was effective in therapeutic actions carried out successfully and for this reason it had to overcome certain dichotomies:

1. the dichotomy between theory and practice: the theory must capture the spontaneity of patient's life and not weaken it with predetermined patterns;
2. the dichotomy of the professional role, between the one who knows (the therapist) and the one who has to learn (the patient): the therapist is defined as a patient's fellow traveller, the one who accompanies him in his growth but does not impose any new content or ways of growth;
3. the dichotomy between nature and culture: the impulses must find their dignity of expression, essential for the person's autonomy. What creates wellbeing has the right to be experienced;
4. the dichotomy between the individual and society: "civilization and its discontents" is definitely replaced by belief in self-regulation. If the individual is in touch with the world through his senses and conscience, he can find adequate ways to integrate fully into

---

8 American philosopher, psychologist and physiologist, he claimed that the experience comes from the senses, and consciousness from the experience.

9 American philosopher and pedagogue, studied the processes of consciousness and argued that the individual's thought comes from the experience.

10 American philosopher, sociologist and psychologist, he is considered to be one of the founders of social psychology. According to G.H. Mead, the mind emerges from the social act of communication. Consciousness is not separated from action and interaction, but it is an integral part of both of them.

11 For a compendium on psychology of personality of the time cf. Franta (1982) and Spagnuolo Lobb (1982).

society. In this regard, living fully one's impulses allows to give a creative and unique contribution to society, which is the opposite concept to that of Freud's civilization and its discontents;

5. the dichotomy between the id and the superego: the concept of self-regulation takes off the regulatory function of the superego. The rules emerge from mutual recognition of human beings in interaction, not from involvement of an external imposition.

In the fifties, the overcoming of these dichotomies allowed integration of body and mental experience, of impulses and reason, but also of the individual/society relationship into a unified concept of the self. In the world of psychotherapy emerged a different anthropology, more positive, allowing us to switch from polarization between individual needs and social needs to their integration, through a process of structuring and restructuring of the meanings created in the relationship (cf. Spagnuolo Lobb et al., 2001).

Almost all psychotherapeutic approaches were founded in the 1950s and spread in the next two decades. Since then, our patients have changed a lot, therefore we are challenged to change both the formulations and the method, while remaining faithful to the epistemology of our approach on one hand, and creating new tools to solve today's problems on the other hand. I think that it is crucial to reflect on the clinical development of these last 60 years in order to understand the background on which to build the thought and psychotherapeutic method of today.

Sociologists have defined the past twenty years as "narcissistic society" (Lasch, 1978) and all psychotherapeutic currents founded in that period (as well as some "revisions" of psychoanalysis) were united by the desire to give greater dignity and confidence to individual experience, considered of fundamental importance for society. The Ego was re-evaluated attributing to it a creative power and power for independence: the child had to break free from the oppression of the father and the patients from the social norms. Even madness was no longer seen as an irrecoverable lack of sense of reality, as a domination by a destructive unconscious, but as an opportunity to understand an otherwise unreachable part, which though deviant was a source of creativity: the schizophrenic's word salad, just like a painting that expresses emotions without structure, has a value in itself, although it has nothing to do with rationality, it supports the creative and independent power of the human being. All the new psychotherapeutic approaches were intended to solve a relational and social problem: to give more dignity to the capabilities of real life, left in the shadows by Freud's last formulations which gave more importance to the power of the unconscious. At the political level, the emergence of minority rights as a development of dictatorial regimes testified to the desire to give dignity to any human form of existence. The emerging need was to rediscover oneself as important even if deviant, or non-dominant.

Various methods of treatment, particularly the humanistic approaches, applied, more or less explicitly, the overcoming of these dichotomies and the concept of self-regulation in crucial theoretical and methodological aspects. In the case of the Client-Centred Therapy of Carl Rogers it was the unconditional acceptance, for Transactional Analysis it was the integration of the states

of the Ego, for Gestalt psychotherapy it was the creativity that comes from keeping the energy from going to the other, deconstructing the reality to create new adequate figures in contact with the environment, for cognitive behavioural approaches it was the functional learning and cognitive representations (Kendall-Hollon, 1979; Mahoney, 1974; Meichenbaum, 1977), for body therapies it was the reappropriation of emotions that were repressed through body stiffness, for family therapy it was the adjustment of a system that seeks to maintain homeostasis. In summary, all the psychotherapy world had realised, in those years, the necessity – discerned at a social level – of integrating the naturalness of the person, hence also the impulses, in social living, and to enhance the role of the Ego in regulation of the relationship individual / society, - as a condition, so that each individual can give its own unique contribution to society.

From introjection as a fundamental model of learning (and change), as proposed by the post-Romantic culture of the early twentieth century (the cradle of dictatorships, of patriarchal family, of the sense of belonging as obedience), the focus was shifted to rebellion and to differentiation of the self as a pattern of normal growth. Firstly the youth protest and then the global one, the decisive contributions of the Frankfurt School of Sociology and of the Antipsychiatry movement (cf.. Laing, 1969) gave a clear picture of how vital was the energy and how strong were the creative potentials of the rebellion (Spagnuolo Lobb et al., 2001). As a result, in order to grow the patient should know how to say no, he must be able to rebel, even to the psychotherapist (as implied by Otto Rank, 1941): it was exactly the opposite approach to the one prevailing at the turn of the twentieth century, which instead considered necessary for the patient to accept the analyst's interpretation (or the social conditioning), in order to ensure the positive transference and therefore the cure.

What were the patients' typical sentences in this period? The heart of the request for psychotherapy at that time was: "I want to be free"; "Bonds are suffocating: they prevent me from realizing my potentials"; "I need help to break free from the bonds that oppress me." "I would like to leave home, but I cannot." "I hate it when my father orders me to do things." Institutionalized intimate relationships had the sense of sacrifice for the other; they were perceived as an obstacle to a person's growth and maturity: they took away individual freedom. Growth was associated to the condition of being alone, of being free from bonds. The experience in groups was sought in order to be able to do what you wanted, and be free. The groups were a place of individual growth.

The clinical evidence of the 1950s –1970s emerged around these experiences. There was a need to expand the Ego, to give it a greater dignity, there was a need for independence. The experiential Ground from which this need emerged was more solid than it is in our days: intimate relationships were more enduring (though often flattened by regulatory factors), and primary family relations were certainly more stable.

The answers of the therapist were: "You have the right to be free, to realize yourself, to develop your potentials"; "I am myself and you are yourself ...". What was in fact claimed was the right to take care of oneself, to develop one's human potential to the detriment of attention to what happens at the contact boundary with the other.

## 5. The Seventies: the Triumph of Technology and the Release from Bonds

The seventies witnessed the birth of what Galimberti (1999) called the “technological society”, exactly because it puts on the pedestal the machine, and along with it the illusion of controlling human emotions, especially the pain. The *oikòs*<sup>12</sup> relationships were considered almost as a “hiccup”, an obstacle to productivity, which was considered to be the only reliable value. While the previous two decades had seen the emergence of the Ego power and the ability to integrate the instinctual nature in social life, in this period it seems that the power to handle the relationship between the individual and society is given to an external element: the machine. It's the post-war period, marked by the prominent desire to build, to produce a new world. On one hand the mankind seems shaken by a frenzy of omnipotence, it looks like the beginning of a new enlightenment period even if this time it does not give value to the human intellect but to a wonder created by man, that soon seems to live its own life (the technology, of course), so much that the machine seems to be more reliable for production purposes than the human. On the other hand it seems that the social life was crossed by disappropriation of the self, led by a “post-narcissistic” generation, grown up with the illusion of having to be perfect, without support to its own weaknesses, in order to deny the fear of being a bluff.

This generation had, on one side, the strong pressure by affirmed parents who wanted their children to be “gods” like them, and on the other side the lack of support to their desires and attempts to be someone in the world. A child who makes mistakes is not the child of god! The result was a relational model that could be called borderline: ambivalent, unsatisfied, unable to detach themselves and to assert their own values. That was the generation that developed a great technological and manufacturing expertise (it was the period of economic boom for the Western world) along with a great insecurity in intimacy and in recognition of the other. Love and pain, two actually inseparable emotions, were considered irreconcilable at that time.

The escape of young people in “artificial paradises”, the anger toward parents as bearers of values detached from their humanity, on one side facilitated the expansion of drugs, on the other side provided an opportunity for significant group experiences. Not by chance, in the psychotherapy of these two decades there was a special interest in groups, perceived as (sometimes the only possible) source of cure.

In the distress of the 1970s – 1980s, drugs were considered to be an artificial paradise where young people took refuge from conflicting feelings toward parents who were, on the contrary, socially realized and focused on themselves. In that social context, it was appropriate to support

---

12 In Greek “home”.

young people to become independent from hampering bonds. This need was the fruit of cultural development of subjective experience typical of the fifties. The content of values of clinical interventions was focused consistently on support to the separation from the other or from the system of reference. In family therapy, for example, the need for “exit from the system” was brought into attention - for teenagers first of all, but also for “immature” adults - as a therapeutic goal that would release the stress that families brought in therapy. Actually, the solution to family problems was basically found in the individual’s separation from the system of reference, in his freedom and creative identification rather than in controlling and/or confusing standardization. This perspective was shared by all psychotherapeutic approaches, including Gestalt therapy.

Another interest that psychotherapy begins to cultivate in this period is psychopathology. The study of serious disturbances becomes necessary in a world that has lost the point of reference. Hence the important studies in psychoanalysis of Mahler (1968), and then Kernberg (Clarkin et al., 1999) and Kohut (1971) on the narcissistic disorder and borderline personality disorder, as well as treatments of the families of psychiatric patients (Minuchin, 1974). The humanistic approaches are still anchored to the support of human potential.

Patients’ sentences in the 1970s and 1980s could be, for example: “I’m in love with a colleague, I have a relationship with her, my wife does not know, and I do not know whether I should tell her.” “My parents are bothering me, when I am in the group I feel more free, smoking weed is liberation from the oppression of my daily life.” “Drugs (or work or lover) are my main bond, the one with the *partner* is optional. “

Groups were no longer an opportunity for growth, but rather for confluence (with drugs) or freedom from family and work problems. There was a search for oneself outside of intimate relations, an attempt to solve the difficulty of “being-with” by using substances or through working.

The responses of therapists were in support of identification, against standardization of relational experience: “Trust yourself - discover who you are while concentrating – be courageous to break free from your bonds”.

Some philosophers, in the eighties, presented the “weak thought” (Vattimo, Rovatti, 1983) which called for freedom from certain a priori determined paradigms as an opportunity to build new certainties, truly independent, non-biased by inherited values and thus not intrinsic. This optimistic view was disconfirmed over the last thirty years: the human creativity presumably free from the ties with the past did not lead, as expected, to new cultural achievements but to an extreme condition of uncertainty and isolation. Some unpredicted social factors are responsible for this failure: the lack of relational ground, not feeling part of anything or anyone, which stems from the lack of time with the significant other. Even the current economic crisis, which is also a crisis of values on which our society is based, is the consequence and at the same time the cause of “fluidity” of economic laws and continuous innovations which, in the absence of traditions, make it all possible and nothing certain.

However, at the end of these twenty years emerges a widespread interest in relationships. All psychotherapeutic approaches turn to relational concepts and change accordingly the focus of the therapy. The greatest interest prevails with the discovery of the mirror neurons by a group of researchers at the University of Parma (coordinated by Giacomo Rizzolatti and composed by Luciano Fadiga, Leonardo Fogassi, Vittorio Gallese and Giuseppe di Pellegrino) that, having given scientific evidence to spontaneous and intuitive knowledge among humans, sustain the fundamental importance of relationships in life, in development and in psychotherapy.

## **6. The Nineties: The Relational Turn in a time of Liquidity**

The absence of points of reference (the “fall of the gods”) determined what was defined as the postmodern condition (Lyotard, 1979). In these twenty years the sense of uncertainty and the need for relationships which characterizes the postmodern society is expressed in various social conditions. The cultural ground of the past twenty years is characterized by the large migration flows which create a condition of constant closeness to the stranger. On the other hand, the globalization of communications and trade allows us to learn about or purchase products from any part of the world. While at the level of intimate relationships, there is a clear lack of affective containment and intercorporeal competence: parents are embarrassed in front of the needs expressed by a little child, for example, they do not understand why the child cries, and they are turning more and more to internet search engines, such as Google, for answers. The lack of capacity for empathy makes parents embarrassed in front of the needs of the child and unable to make him/her feel comfortable. In the long run, this causes in young people a widespread inability to relax, even in everyday life. Anxiety is the most common feeling, and leads to body desensitization. Computer is the best friend, even if it is cold.

The observation of Gregory Bateson (1973) about the “transfer” of mental disorders from one family member to the other and his focus on what we call in Gestalt therapy “contact boundary”, which already in the fifties represented the icon of the new psychological perspective as well as the development of infant research since the early sixties, finds scientific evidence at this time in some discoveries of neuroscience and cultural support in a widespread need to get out of an individual perspective in order to enter a more complex one that gives birth to the self from the relationship. Each epistemological framework brought to light with its own language, that which, depending on epistemology, was called the ecological perspective, or holistic, or Gestalt, or relational, or field, or systemic perspective. In psychoanalysis, that was a new way of looking at transference and counter-transference, in the humanities Fritz Perls’ slogan “Lose your mind and come to your senses” was replaced by “I recognize myself in your eyes.”

In the public opinion of the time, the interest in technology (now a foregone resource) and ambivalence towards one’s own value gave way to a sense of liquidity, as nicely described by Bauman (2000). The children of “borderline society” experienced the lack of intimate relationships, of constitutive ones: the parents were absent, a bit because they were busy working (the value conveyed by the society was the technology), because they were concerned about the incumbent

social crisis, and a little bit because they were incompetent at the relational level (borderline ambiguities were poured out to children with emotional detachment). The generation of these twenty years has also grown up in a period of great migration flows, in which many people cannot lean on intergenerational tradition for support and sense of rootedness (Spagnuolo Lobb, 2013). The traditions are often lost and the town squares are replaced by virtual squares of social networks. The social experience of young people today is “liquid”: unable to hold the excitement of meeting with each other and extremely open to the possibility of exchange offered by globalization of communication flows. Let’s take the example of a child doing homework, the moment he has a difficulty he requires containment and encouragement to resolve it, using the energy that animates him. But he cannot find anyone at home to whom he can tell it, there is no containment “wall” or hug that could make him understand what he feels and what he wants. Therefore he turns to the Internet, where the search engine provides you the answer; his excitement gets spread around the world and he finds all the possible answers, but he does not find a relational container, a human body, what he gets instead is a cold computer unable to hug him. The uncontained excitement turns into anxiety. Anxiety is annoying and in order to avoid it, it is necessary to desensitize the body. That is why today we have so many anxiety disorders (panic attacks<sup>13</sup>, PTSD<sup>14</sup>), depression (Francesetti, 2015; Spagnuolo Lobb, 2014), attachment disorders, pathologies of the virtual world<sup>15</sup>, bodily desensitization (Spagnuolo Lobb, 2013th), eating disorders which look more like addictions, while addictions are more like trauma outcomes (Pintus, 2015).

In the 1990s, the search of the self turns into the need to feel solitude: “I would like to hear myself, to see myself. Sometimes I am forced to fast in order to feel myself through hunger. Everybody wants something from me and I cannot find out who I am”, or “I have a relationship with a man who lives 1,000 kilometres away. I do not know much about him. At first it was nice to be together when we met. But now it’s getting boring. We don’t know quite what to do. Do you think that’s normal? “

Our patients, especially the youngest ones tell us things like: “I made love for the first time with a guy, but I didn’t feel anything”, “I feel free when I am chatting, whereas with my girlfriend I don’t know what to talk about.” “No one gets to really interest me.” Or: “On our honeymoon my husband told me that he had been seeing another woman for a long time.” We can notice discomforts related to insensitivity of the body in relationships. It is difficult even to perceive the other: this area is full of anxiety and worries. “I’m with the other (individual or group) as long as I need him”: anxiety makes them lose the ability to experience the full potential of being-with.

---

13 Cf. Francesetti (2005).

14 Cf. Taylor, 2015; Cascio, 2011

15 Cf. La Barbera, 2000.

“I’m in the group when I feel lonely and when I don’t feel like being alone. The people around me are like isolated planets that move around me.” There are no emotions, or bonds, or affection. “Relationships are stressful. I feel at peace only when I’m alone in my room and I can chat with whoever I want and as long as I want to.” Virtual reality is much easier than the real life. “I feel deeply alone: no one is home.”

Until twenty years ago it was difficult to stay in a relationship, today it is actually difficult to feel oneself in relationship, sometimes even sexually: clinical evidence range from the ambiguity in the choice of the gender of partner (Iaculo, 2002) to the inability to feel sexual desire in the body. The Gestalt interpretation of the “liquid fear” (Bauman, 2008) corresponds to a perception that the excitement which should lead to contact becomes undefined energy: what is missing are the mirroring and relational containment, the sense of the presence of the other, the “wall “that allows us to feel that we are there.

During the last decades, for example, we have seen that, with the evolution of social trends, the time when a couple goes to therapy has changed. In narcissistic society, where self-assertion was the predominant value, the couple went to therapy after the famous ten years of living together, with the intention to live better the autonomy of the individual. In borderline society, where the need to find stable one’s own identity was predominant, a couple was being treated a bit earlier than ten years of common life, in line with the common intention of partners not to feel deceived or threatened by the other. In the liquid society, dominated by the search of the sense of self, of one’s own body, the couple goes to therapy soon enough, after a few years or months of living together, in order to feel emotions toward each other and the full presence of self in the contact, to get to know their boundaries in contact with the *partner* (Spagnuolo Lobb, 2011, p. 181 ff.).

The therapist responds to these clinical questions sustaining the physiological process of contact (the id of the situation, according to Robine, 2006): “Take a breath and see what happens at the boundary.” Furthermore, he supports the ground of the experience: he identifies how (with what modality of contact) the patient maintains the figure (or the problem). In other words, the therapist focuses on the *support to the process of contact*, whereas once he had to direct his attention in support of the individuality of the Ego, in order to encourage it to emerge among other individualities. If previously being healthy implied finding the reasons to win, to rise in the battle of life, today it means to experience warmth in intimate relationships, and the emotional and bodily reaction towards the other. In groups, the therapist supports the harmonious self-regulation which is attained by living in a horizontal context (equality) where you can breathe and give each other support.

I think that today psychotherapy has a twofold task: to *resensitize the body* and to provide *tools for horizontal relational support*, which can make people feel recognized by the eye of the equal other.

*End of Part 1. To be continued in the next journal publication.*

## Bibliography

- Adler A. (1924). *The Practice and Theory of Individual Psychology*. New York: Harcourt, Brace and Company (trad. it.: *Psicologia individuale e conoscenza dell'uomo*. Roma: Newton&Compton, 1975).
- Bateson G. (1973). *Steps to An Ecology of Mind*. Boulder, Colorado: Paladin Books (trad. it.: *Verso un'ecologia della mente*. Milano: Adelphi, 1976).
- Bauman Z. (2000). *Liquid modernity*. Cambridge: Polity Press (trad. it.: *Modernità liquida*. Roma-Bari: Laterza, 2002).
- Bauman Z. (2008). *Paura liquida*. Bari: Laterza.
- Bocian B. (2012). *Fritz Perls a Berlino: 1983-1993. Espressionismo, psicoanalisi, ebraismo*. Milano: FrancoAngeli.
- Cascio A.R. (2011). La funzione dell'emergenza in Teoria e pratica della terapia della Gestalt: vitalità e accrescimento nella personalità umana. *Quaderni di Gestalt*, XXIV, 1: 25-34. DOI: 10.3280/GEST2011-001003.
- Cavaleri P.A. (2009). Il potere della cura e la "cura" del potere. L'esercizio del potere in psicoterapia. *Idee in Psicoterapia*, 2, 1: 21-40.
- Cavaleri P.A. (2013). Dalle parti degli infedeli. Per un dialogo tra saperi diversi. In: Cavaleri P.A., a cura di, *Psicoterapia della Gestalt e neuroscienze. Dall'isomorfismo alla simulazione incarnata*. Milano: FrancoAngeli, 22-41.
- Clarkin J.F., Yeomans F.E., Kernberg O.F. (1999). *Psychotherapy for Borderline Personality*. Hoboken, NJ: John Wiley & Sons, Inc. (trad. it.: *Psicoterapia delle personalità borderline*. Milano: Cortina, 2000).
- Damasio A. R. (1994). *Descartes' error: emotion, reason and the human brain*. New York: Putnam (trad. it.: *L'errore di Cartesio. Emozione, ragione e cervello umano*. Milano: Adelphi, 1995).
- Damasio A.R. (1999). *The feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt Brace & Company.
- Francesetti G., a cura di (2005). *Attacchi di panico e post-modernità. La psicoterapia della Gestalt tra clinica e società*. Milano: FrancoAngeli.
- Francesetti G., ed. (2015). *Absence Is a Bridge Between Us. Gestalt Therapy Perspective on Depressive Experiences*. Milano: FrancoAngeli.
- Franta H. (1982). *Psicologia della personalità. Individualità e formazione integrale*. Roma: LAS.
- Freud S. (1929). Il disagio della civiltà. Torino: Bollati Boringhieri, 1985.
- Galimberti U. (1999). *Psiche e techne. L'uomo nell'età della tecnica*. Milano: Feltrinelli.
- Gallese V. (2007). Dai neuroni specchio alla consonanza intenzionale. Meccanismi neurofisiologici dell'intersoggettività. *Rivista di Psicoanalisi*, 53, 1: 197-208
- Gallese V., Fadiga L., Fogassi L., Rizzolatti G. (1996). Action Recognition in the Premotor Cortex. *Brain*, 119: 593-609. DOI: 10.1093/brain/119.2.593
- Gallese V., Spagnuolo Lobb M. (2012). Il now-for-next tra neuroscienze e psicoterapia della Gestalt. *Idee in Psicoterapia*, vol. 5, n. 13, pp. 53-65.
- Horney K. (1988). *Le ultime lezioni*. Roma: Astrolabio Ubaldini (a cura di Ingram D.H).
- Iaculo G. (2002). *Le identità gay. Conversazioni con noti uomini gay ed un saggio introduttivo sul processo di coming out*. Roma: Edizioni Libreria Fabio Croce.

- Jaspers K. (1913). *Allgemeine Psychopathologie*. Berlin: Springer-Verlag (trad. it.: *Psicopatologia generale*. 7ª ed. Roma: Il Pensiero Scientifico, 1964).
- Kendall P.C., Hollon S.D. (1979). *Cognitive-behavioral interventions: Theory, research, and procedures*. New York: Academic Press.
- Kohut H. (1971). *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders* New York: International Universities Press (trad.it.: *Narcisismo e analisi del sé*. Torino: Boringhieri, 1976).
- La Barbera D. (2000). Tecnologie digitali e “visioni” del mondo: tra evoluzione della coscienza e nuova patologia. *Relazione al XLII Congresso della Società Italiana di Psichiatria*, Torino.
- Laing R.D. (1969). *L'io diviso*. Torino: Einaudi.
- Lasch C. (1978). *The culture of narcissism: American life in an age of diminishing expectations*. New York: Norton (trad. it.: *La cultura del narcisismo*. Milano: Bompiani, 1981).
- Lichtenberg P. (2009). La psicoterapia della Gestalt come rinnovamento della psicoanalisi radicale. *Quaderni di Gestalt*, XXII, 2: 45-68. DOI: 10.3280/GEST2009-002004
- Lyotard J.F. (1979). *The Postmodern Condition*. U.K.: Manchester University Press (trad. it.: *La condizione postmoderna. Rapporto sul sapere*. Milano: Feltrinelli, 1985).
- Mahler M. (1968). *Infantile Psychosis*. New York: International Universities Press (trad. it.: *Psicosi infantili*. Milano: Bollati Boringhieri, 1975).
- Mahoney M.J. (1974). *Cognition and behavior modification*. Cambridge Mass: Ballinger.
- Mahoney M., Spagnuolo Lobb M., Clemmens M., Marquis A. (2007). Self-Regulation of the Therapeutic Meeting. From Constructivist and Gestalt Therapy Perspectives: A transcribed Experiment. *Studies in Gestalt Therapy. Dialogical Bridges*, 1/1, 67-90.
- Meichenbaum, D.H. (1977). *Cognitive behavior modification: An integrative approach*. New York: Plenum
- Merleau-Ponty M. (1979). *Il corpo vissuto*. Milano: Il Saggiatore.
- Migone P. (2004). *Una breve storia della psicoterapia. Il Ruolo Terapeutico*, 96: 69-76. Internet edition: <http://www.psychomedia.it/pm/modther/probpsiter/ruoloter/rt96-04.htm>.
- Minuchin S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press (trad. it.: *Famiglie e terapia della famiglia*. Roma: Astrolabio-Ubaldini, 1976).
- Pintus G. (2015). Processi neurobiologici e riconoscimento terapeutico nell'esperienza addictive. *Quaderni di Gestalt*, XXVIII, 1: 63-71. DOI: 10.3280/GEST2015-001005
- Pintus G., Crolle M.V. (2015). *La relazione assoluta*. Roma: Aracne.
- Polster E. (1998). Martin Heidegger and Gestalt Therapy. *Gestalt Rewiew*, 2, 3: 253-268.
- Rank O. (1941). *Beyond Psychology*. Philadelphia: Ed. Hauser.
- Reich W. (1945/1972). *The function of the orgasm*. New York: Simon & Schuster (trad. it.: *La funzione dell'orgasmo*. Milano: SugarCo, 1969).
- Robine J.-M. (2006). *Il rivelarsi del sé nel contatto. Studi di psicoterapia della Gestalt*. Milano: FrancoAngeli (ed. or. *Plis et déplis du self*. Bordeaux: Institut français de Gestalt-Thérapie, 1977; 2004).
- Sartre J.-P. (2008). *L'essere e il nulla. La condizione umana secondo l'esistenzialismo*. Milano: Il Saggiatore.

- Spagnuolo Lobb M. (1982). *Psicologia della Personalità: Genesi delle differenze individuali*. Roma: LAS.
- Spagnuolo Lobb M. (1996). Le psicoterapie: linee evolutive. *Quaderni di Gestalt*, 22/23: 71-88.
- Spagnuolo Lobb M. (2006). La psicoterapia tra il dicibile e l'indicibile. Il modello della psicoterapia della Gestalt. In: Spagnuolo Lobb M., a cura di, *L'implicito e l'esplicito in psicoterapia. Atti del Secondo Congresso della Psicoterapia Italiana*, DVD allegato, Milano: FrancoAngeli, 19-27.
- Spagnuolo Lobb M. (2008). Psicoterapie: Scuole. In: Prellezo J.M., Malizia G. e Nanni C. (a cura di). *Dizionario delle Scienze dell'Educazione*. Roma: LAS, pp. 958-061.
- Spagnuolo Lobb M. (2008). Psicoterapia. In: Prellezo J.M., Malizia G. e Nanni C. (a cura di). *Dizionario delle Scienze dell'Educazione*. Roma: LAS, pp. 956-958.
- Spagnuolo Lobb M. (2011). *Il now-for-next in psicoterapia. La psicoterapia della Gestalt raccontata nella società post-moderna*. Milano: FrancoAngeli.
- Spagnuolo Lobb M. (2013). From the need for aggression to the need for rootedness: a Gestalt postmodern clinical and social perspective on conflict. *British Gestalt Journal*, vol. 22, No. 2, 32-39.
- Spagnuolo Lobb M. (2013a). Il corpo come “veicolo” del nostro essere nel mondo. L'esperienza corporea in psicoterapia della Gestalt. *Quaderni di Gestalt*, XXVI, 1: 41-65. DOI: 10.3280/GEST2013-001004
- Spagnuolo Lobb M. (2013b). Isomorfismo: un ponte concettuale tra psicoterapia della Gestalt e neuroscienze. In: Cavaleri P.A., a cura di, *Psicoterapia della Gestalt e neuroscienze. Dall'isomorfismo alla simulazione incarnata*. Milano: FrancoAngeli, 82-108.
- Spagnuolo Lobb M. (2014). Le esperienze depressive in psicoterapia della Gestalt. *Quaderni di Gestalt*, vol. XXVII, 2, 57-79.
- Spagnuolo Lobb M., Salonia G., Sichera A. (2001). Dal “disagio della civiltà” all’“adattamento creativo”: il rapporto individuo/comunità nella psicoterapia del terzo millennio. In: Spagnuolo Lobb M. (2001), a cura di, *Psicoterapia della Gestalt. Ermeneutica e clinica*. Milano: FrancoAngeli, 180-190.
- Spagnuolo Lobb M., Francesetti G. (2013). Fenomenologia. In: Nardone G., Salvini A. (a cura di). *Dizionario Internazionale di Psicoterapia*. Milano: Garzanti, 292-293. (anche in [www.gestaltpedia.it](http://www.gestaltpedia.it))
- Spagnuolo Lobb M., Francesetti G. (2015). La normalità creativa. *PNEI Review*, 2015/2, pp. 60-69.
- Stern D.N. (2006). L'implicito e l'esplicito in psicoterapia. In: Spagnuolo Lobb M., a cura di, *L'implicito e l'esplicito in psicoterapia. Atti del Secondo Congresso della Psicoterapia Italiana*, DVD allegato. Milano: FrancoAngeli, 28-35.
- Stern D.N. (2010). *Forms of Vitality. Exploring Dynamic Experience in Psychology and the Arts*. USA: Oxford University Press (trad. it.: *Le forme vitali. L'esperienza dinamica in psicologia, nell'arte, in psicoterapia e nello sviluppo*. Milano: Raffaello Cortina, 2011).
- Taylor M. (2015). Uno sfondo sicuro: utilizzo dell'approccio sensomotorio nel lavoro con il trauma. *Quaderni di Gestalt*, XXVIII, 1: 9-26. DOI: 10.3280/GEST2015-001002
- Vattimo G., Rovatti P.A., a cura di (1983). *Il pensiero debole*. Milano: Feltrinelli.
- Welton D. (1999) (Ed.). *The essential Husserl: Basic writings in transcendental phenomenology*. Bloomington: Indiana University Press.

---

**Margherita Spagnuolo Lobb** is a Psychologist, Psychotherapist, Director of the Postgraduate School of the Gestalt Institute HCC Italy (Syracuse, Palermo, Milan). Honorary President of the Italian Gestalt Psychotherapy Society (SIPG), President of the Italian Federation of Gestalt Schools and Institutes (FISIG), former President and Honorary Member of the European Association for Gestalt Therapy (EAGT), former President of the Italian Federation of Psychotherapy Associations (FIAP). Director of the magazine Quaderni di Gestalt (Notebooks of Gestalt).



# Diagnosing Anorexia Nervosa

## within a Gestalt framework of psychotherapy

---

Dorothy Scicluna

### Introduction

I, have initially been trained as a clinical psychologist at the Department of Neurological Sciences and Psychiatry at the University of Padova, Italy, where I specifically chose to subspecialise in the area of eating disorders. Therefore, the medical psychiatric model is to some extent ingrained in my way of diagnosing patients. Gradually with my training in Gestalt psychotherapy I started to weave this approach into the Gestalt relational model of assessment and diagnosis which proved to be positively challenging since, at the time, the Gestalt theory of the Self did not as yet include this kind of severe suffering. However as time went by I observed that my colleagues and I along with our trainer and supervisor Dr Lidija Pecotic, were as a matter of fact creating terms and means to assess psychopathology as it would happen at the contact boundary; unknowingly we were creating tools for diagnosing psychopathology from a Gestalt relational approach; we had in fact, started to view this type of suffering as a 'co-created phenomenon of the field, that emerges at the contact boundary and as being able to be transformed in the process of contact' (Greenberg, L., 2012, foreword to Francesetti, Gecele, & Roubal, 2013).

The "self's experience of basic trust (or lack of trust) in making contact with the environment" (Woldt, A.L. & Toman, S.M., 2005 p. 211), that is the id function in Gestalt psychotherapy, is central to several psychotherapy approaches and it is also a central theme to most severe disorders such as self-harm, eating disorders, trauma, obsessive and ruminative disorders and personality disorders. Interchangeable with this notion would be the idea of a secure attachment as defined by object relations theory (Bowlby J, 1969), which is in fact beautifully combined with Gestalt psychotherapy in the works of Gilles Delisle (2013).

## The Gestalt Diagnostic Process

Within this context, I would define **clinical diagnosis** within a Gestalt framework of psychotherapy as a means of achieving a **figure** during the assessment process. In the therapist's mind this figural formation will merge into the client's narrative and will serve the purpose of completing the assessment from both a psychiatric and Gestalt perspective. In this instance, Francesetti G., (2013) would refer to an intrinsic and aesthetic diagnosis. It is this diagnostic process that supports my assessment, formulation and interventions.

This particular method of clinical diagnosis facilitates me, as therapist to better empathise with my client's physical symptoms and thought processes. Moreover, it helps me provide the necessary psychoeducation to the client. For instance, explaining to a client how certain catastrophic thoughts trigger the cycle of anxiety and panic will give her' a sense of management over the anxiety.

Psychoeducation raises client awareness, offers groundedness and often immediately helps clients reorganise their field. Besides I also believe that applying theory to the self in contact (Perls et al., 1951), 'provides us with signs and reminders which allow fresh approaches to emerge, whereas by practising psychotherapy, we accumulate the resources of experience through which we adjust existing theory and stimulate new directions' (Amendt-Lyon, N., p. 211 as cited in Spagnuolo Lobb, M., Amendt-Lyon, N., (Eds.) (2003).

Moreover, this type of clinical diagnosis, that happens at the boundary and adjusts accordingly, gives me the possibility to speak to other consultants about the case and its development. It facilitates referrals and it also enables me to see whether I am competent to handle the case; it helps me as clinician to assess the level of risk, when present. To further elaborate on the process of the gestalt diagnostic process, this paper presents a young woman's process in therapy. I shall be discussing assessment and diagnosis of a case of **severe (15-15.99kg/m<sup>2</sup>) to extreme (<15kg/ m<sup>2</sup>) anorexia nervosa** restrictive type as defined per Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition [DSMV 2013].

## Anna, and her Chains

**Eating disorders** are serious mental illnesses with significant, life-threatening medical and psychiatric morbidity and mortality, regardless of an individual's weight. It is the position of the Academy of Eating Disorders that Anorexia Nervosa and Bulimia Nervosa along with their variants are biologically based serious mental illnesses that warrant the same level and breadth of health care coverage as conditions currently categorized in this way (e.g., schizophrenia, bipolar disorder, depression, obsessive-compulsive disorder). Anorexia nervosa, which primarily affects

---

1 All names are pseudonyms.

adolescent girls and young women, is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat<sup>2</sup>.

Note about risk and ability to see client: I have accepted to see thirty-year old Anna<sup>3</sup>, as an outpatient after consulting with the medical team who confirmed that she was not at medical risk due to malnutrition. I also accepted to see her because although governed by anorexia nervosa she was **somewhere** willing to conquer her fears. Finally, I would have not been able to see her had she not accepted to visit a dietician regularly and follow, to the best of her ability the recommended food plan. Moreover, the client was very willing to co-operate at the time of the first assessment. When severe eating disorders present at the clinic the first approach is ideally pragmatic. This involves discussing risk management with the client, and when this is not possible due to the **denial** of the severity of the problem on the part of the client, this needs to be discussed with a willing significant other.

“Every presenting situation is inevitably a gestalt of biological, cognitive, emotional and somatic factors in a context of historical and present field conditions...” (Joyce, P., & Sills, C., (2014).

It is important to keep in mind that there is significant symptom overlap among the eating disorder symptomatology and that individuals can move from one diagnostic category to another over time. The initial clinical assessment allows for **differential diagnosis** and it must differentiate between an underlying systemic medical illness and an eating disorder. Once an organic disease is ruled out, anorexia nervosa must then be differentiated from other eating disorders such as bulimia or other psychological diseases such as depression, schizophrenia, drug abuse, conduct disorders, and anxiety reactions (Nussbaum, M. P. et al., 1983-85).

Moreover, it was also very necessary for me to keep a phenomenological approach to the assessment (Husserl, 1931). Most of all I also needed to bracket my clinical judgement temporarily and also try and capture, through the method of description, the meaning of the

- 
- 2 It is important to note that the DSM-IV Criterion A that focuses on behaviours, like restricting calorie intake, no longer includes the word “refusal” in terms of weight maintenance since that implies intention on the part of the patient and can be difficult to assess. The DSM-IV Criterion D requiring amenorrhea, or the absence of at least three menstrual cycles, is deleted. This criterion cannot be applied to males, pre-menarchal females, females taking oral contraceptives and post-menopausal females. In some cases, individuals exhibit all other symptoms and signs of anorexia nervosa but still report some menstrual activity (Eating Disorder Fact Sheet © 2013 American Psychiatric Association).
  - 3 According to a particular study carried out in 2007, late onset of anorexia nervosa might be due to the fact that ‘patients might not be able to face intrapsychic anxiety in adolescence, and they might be in false adaptation by formulating a severe pathological denial for a long time’. As a result, when these patients are unable to ‘maintain their denial, they must suddenly face their accumulated denial’ (Kimura, Tonoike, Muroya, Yoshida, & Ozaki, 2007).

emerging situation. Why did this woman need to isolate herself from the rest of the world through food restriction?

I was aware of important information emerging from the client's contact functions, her body posture was rigid, her tone of voice of low and yet conveyed determination, her rate of breathing was at times becoming fast. The theme of food control was repetitive. She appeared contained and was shifting between trust and distrust. I kept in mind that pointing out certain bodily postures could make this particular client feel exposed. Anorexia nervosa sufferers often experience shame around their body so mentioning the body at this stage of the therapeutic process would have been counterproductive. These patients often mention not feeling good in their skin, an expression which is reminiscent of the experience of 'internal fullness' as described by Perls, Hefferline and Goodman, 1994, pp. 156-157 as cited in Francesetti, Gecele, & Roubal, 2013, p. 41).

The more secure one feels internally the more it is possible and functional to entrust oneself to the world (ibid.,)

I used horizontalism during the assessment and kept an active curious attitude towards my client and her story. In the room it was Anna, her husband, me and Anna's reluctance (or not) to trust me with what is deemed so precious to her – her hard work at losing 40 kilograms over a short period of time.

Although the story of the client was starting to gently emerge I could not as yet explore it because what needs to be managed first during such a situation is risk, particularly due to malnutrition or risk of suicide<sup>4</sup>. First is the medical management.

The clinical interview revealed that I was dealing with a case of **anorexia nervosa restrictive type**, that there was no suicide-related ideation and there was no history of suicide attempt. The severe weight loss was also not due to a medical condition, major depressive disorder, schizophrenia (patients with this disorder at times exhibit odd eating behaviours leading to severe weight loss), substance use disorder, social phobia, obsessive-compulsive disorder or body dysmorphic disorder. Some of the features of anorexia nervosa overlap with the criteria for social phobia, OCD, and body dysmorphic disorder. Bulimia nervosa was never present in the past or at the time of the assessment and neither was avoidant/ restrictive food intake disorder.

---

4 Suicide risk is elevated in anorexia nervosa, with rates reported as 12 per 100,000 per year. Comprehensive evaluation of individuals with anorexia nervosa should include assessment of suicide-related ideation and behaviours as well as other risk factors for suicide, including a history of suicide attempt(s) (DSM 5<sup>th</sup> edition).

There were no related comorbidities which are typically bipolar, depressive, and anxiety disorders. Anna seemed to understand her situation very well and yet **denial** of the eating problem was immensely present. She could not understand why she needed to alter her food intake,

*“I am fine the way I am; I never get sick, ask my husband. I go to work, I am full of energy and my blood results are perfect”.*

Acceptance and Commitment Therapy (ACT) could be the first ideal approach for Anna. The approach is synonymous to the **Paradoxical Theory of Change** (Beisser, 1970: 77) in that the patient first has to accept what she might not like about her behaviour, then change follows. At the end of our first session I gave Anna two short eating disorder diagnostic measures to complete at home, the *Clinical Impairment Assessment Questionnaire* (CIA 3.0; Copyright Bohn and Fairburn, 2008) and the *Eating Questionnaire* (EDE-Q 6.0; Copyright Fairburn and Beglin, 2008). Both assess eating disorder behaviour and often serve the purpose of raising awareness for the client around the area of eating abnormalities.

At the end of this same session we had established good rapport and Anna thanked me for understanding her and for speaking her language. I also explained how therapy worked and what I thought could be suitable for her as a start. I suggested Enhanced Cognitive Behavioural Therapy which would have been followed by Gestalt psychotherapy. We also discussed the desired outcome of the assessment which definitely involved gradually changing her food intake, visiting a dietician and an endocrinologist. We agreed that we had to keep the option of hospitalization on the agenda. Finally, we discussed the role of confidentiality and the administrative contract, mainly the cancellation policy, insurance claim forms and fees.

## **Initial Phenomenological Impressions**

Anna came to the clinic with her husband. What I observed is that she looked older than him, that she looked rigid, intense and determined. Her husband appeared fearful, lost and would only stay at the surface saying words such as, *“She decided to lose weight after the doctor recommended it...and this one doesn't know how to stop. She carried on”.*

I could not place them together. He looked like a young boy to me. There was no connection. She moved her chair closer to mine whilst he sat further behind, not much but enough to make the distance noticeable.

Anna sat rigidly at the edge of the chair focused on me and reaching out to me with her teary eyes. She explained how at a weight of 80kg for a height of 175cm the family doctor advised her that she should ideally lose some weight due to her cholesterol levels being at a borderline

level. She took his words seriously and started walking daily, increasing her pace each time and she also started to cut out main food groups gradually without ever consulting a nutritionist. She admitted,

*“I did it my own way; I eliminated fatty foods but then I started to eliminate more and more foods and I was feeling better and better about myself”.*

As the diet progresses, the woman ignores messages from her body that it craves carbohydrates and moves into a phase of producing increased brain opioids which can make her feel high...In the anorexic state, the woman finds some relief from feelings that she doesn't know how to manage. There is a numbing effect from the opioids (Gerhardt, S. 2010 p. 107).

This was around eighteen months ago and before she knew it Anna reached half her original size and was at the grips of anorexia nervosa. Anna was far from close at acknowledging her disorder and although talking about her food reduction she would not refer to the fear of fatness, until I prompted that. She was proud she had lost weight and at first glance one would not immediately notice her skeleton-like body. She was hiding it very well by wearing several layers of clothing but not baggy ones due to her profession at an office where she was required to wear a uniform.

She suffered extreme cold and would complain about it. Warmth was created when I acknowledged her fear of losing her hard-earned battle. I reassured her that I would not take it away. All I wanted was for her was to live, to be happy at a weight where her system would be happy. “You deserve to be happy”, I said and she became emotional. Her husband broke the valuable enriching silence with an,

*“I told her she was losing too much weight but she's stubborn. She doesn't listen”.*

When I explained the medical complications of malnutrition and the risk of death and possible hospitalization at this weight she looked stern whilst her husband shed a tear and told me that he would now not go to work and that there was no meaning in living now, “I am sad”, he exclaimed.

Anna remained sitting stiffly at the edge of the chair almost untouched.

## **The Ongoing Diagnostic Process Supporting Therapeutic Interventions**

The phenomenological initial impressions, together with a thorough clinical assessment, suggest that Anna functioned from her inner and middle zones (Perls, 1969). She was overly aware of her bodily sensations especially about how certain foods made her feel, fat or bloated or guilty or good which took her to the middle zone of thoughts, beliefs and emotions. Her awareness

was mostly weighted in the middle zone which was unbalancing her overall functioning. She was not taking notice of the effect of this behaviour on herself, on her relationship and on the rest of her life in general. Her current **core belief** was around her weight and shape. She did not want to feel like she was a failure by moving above weight 45 kilograms. When I pointed out this kind of stuckness I felt that Anna and I had started to relate well to each other and that she could trust my work within this specific area. She nodded in acknowledgement.

Anna was interrupting the **contact cycle** between the level of awareness of bodily sensations and the recognition of emotions. She would recognize hunger, mobilize herself, goes into the action and feed herself but she would take the minimum she believed that she deserved. Why is Anna so undeserving? Where did she learn that she only deserves the bare minimum? Does she behave like this in other areas of her life?

Around the third session when Anna had embarked on a new eating plan she sent me an email in panic reading as follows,

"Sorry to bother you early this morning but I didn't stop worrying from the time I weighed myself this morning. Weight has gone up from 45.8 kgs last Thursday to 46.5 kgs today (an increase of 700 grms in only 1 week). Everything discussed yesterday is still in my mind and am trying to reason out but still can't understand this increase in only 1 week.

I also know that happiness is achieved through eating but I am not feeling happy this morning and can't concentrate on anything else except thinking about this shift in weight.

Moreover, I want you to know that my mind is still set to try and eat according to the plan. In fact, this morning I took 2 small pasti with coffee as planned and brought 40grms (instead of 45grms) of All Bran cereal with me at work to take as mid-morning snack."

And she followed it with,

*"As opposed to yesterday, my stomach is feeling as if I ate too much. I think it's because of the **guilt** feeling although I am still determined not to compensate or starve myself to reduce weight".*

At this stage Anna was still finding it hard to accept that she was sick and although she was trying to get better she could not really understand why she needed to eat.

Anna came to all the following sessions on her own. She still sat stiffly on the chair and each time she would nearly not want to leave the therapy room which indicates separation anxiety towards the end of the contact cycle; maybe she did not have this warmth and understanding

in her personal life? She constantly thanked me for understanding her and her mental dilemma. Anna felt fully received; therapy started to feel like a safe container. There was a sense of presence, confirmation and inclusion during our third therapy session. It was during this **I-Thou** moment that Anna told me how harsh her father was on her and her sister. He lost his mother at a young age and had to raise his younger siblings. He would not make time for leisure, saving money was of the utmost priority whilst taking time to explore, experience and enjoy was considered to be almost a sin. Anna being an obedient child introjected all this and had no way out of it except through marriage. Marriage had to give her freedom. Her mother was described as almost invisible.

Our deepest, most profound stirrings of self-appreciation, self-love and self-knowledge surface in the presence of the person whom we experience as totally accepting (Zinker, J., 1975 p. 60).

At this stage I started to recognize what is true of Anna's creative adjustments, what her core beliefs were about, what introjects and retroreflections governed her daily behaviours. The modifications to the contact cycle became plausible. Anna adjusted to the harsh environment she was brought up in by becoming stoic and rigid, she shelved her life-fullness and functioned mostly from her personality and ego functions. Her marriage did not give her the freedom she hoped for and this issue needed to be explored. Before I could intervene in this direction I needed to initially work on undoing Anna's eating disorder mind-set (Fairburn C. G., 2008). Without proper nourishment Anna would not be alleviated from her dieting beliefs which were currently coming in the way of her proper daily functioning. Our journey will be a long one. I am hopeful.

## The now-for-next of the situation

The figure of diagnosis in process had emerged,

Then we let a figure emerge from this ground knowledge, to apply what we know about the client and what we know about ourselves and about the actual situation in the therapeutic "tension" of the moment, supporting the client's intentionality of contact, the now-for-next of the situation. This is our art! (Spagnuolo-Lobb, M. in press).

Anna recreated her own unfinished past in her marriage and learnt to adjust to it. Anorexia nervosa was paradoxically the silent voice of her freedom. In this world no one would impose limits on her; only, that once again she chose what she knew best, she chose freedom through self-sacrifice not through spontaneity. What I have learnt thus far about Anna is that feeding was not an act of contact throughout her early years; our next-in-therapy will focus on the reparation of the self, including body and soul, the physical and the psychological.

Starting with the physical, the therapist will have to mirror the loving mother who is happy to see her child eat and grow. The joy a mother feels is sensed by the infant or child and this way the child is twice nourished, with food and with love. This is how the internal sense of fullness is gradually achieved. The therapist's genuine care will serve as the patient's safe container. The therapy room will become the patient's safe space, that space from where she can risk being spontaneous and alive, that space where id, personality and ego functions can come together. It is interesting to see that the sense of internal fullness through food (satiety) is paralleling the sense of internal fullness in life (confidence to exist in life). One cannot exist without the other. My tutor in Italy, Prof. Paolo Santonastaso used to tell us students, "You are talking about pasta, and yet you are building the self". I think today I can completely understand what he fully meant! The following lines and citations capture fully that meaning and they also capture our now-for-next in psychotherapy and in life.

"Children are taught the act of exploring, receiving and desiring through a healthy and positive relationship with food. This results in a strong correlation between intimacy and food, "between the smell of food and the fragrance of not being alone. ...eating does not mean just feeding, but coming into contact" (Parsi & Toro, 2006, p.35 as cited in Francesetti, Gecele, & Roubal, 2013, p.525). Feelings of pleasure and displeasure are introduced to the child through the act of eating "and the basis is laid for internal confidence" (Jeammatt, 2016 as cited in Francesetti, Gecele, & Roubal, 2013, p.526). On the other hand, in cases where the act of eating is experienced as "solitary consumption" and accompanied by anxiety, especially between the parent and child, "this eating function becomes a privileged arena for conflicts to crystallize" (p.527).

Finally, I would think that diagnosis of psychopathology helps us reach the patient's soul, which I see very much as the patient's unspoken creative adjustment to life. Interestingly, the etymology of psychopathology refers to the discourse of the suffering soul (Cortellazzo & Zolli, 1983 as cited in Francesetti, Gecele, & Roubal, 2013, p. 53).

## References

- Academy of Eating Disorders ([www.aed.org](http://www.aed.org)) accessed on 01/05/2016
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Beisser, A. R. (1970). 'The Paradoxical Theory of Change' in J. Fagan and I. Shepherd (eds), *Gestalt Therapy Now*. Pp. 77-80. Palo Alto, CA: Science and Behaviour.
- Delisle, G. (2011). *Personality Pathology. Developmental Perspectives*. London. Karnac Press.
- Delisle, G. (2013). *Object Relations Gestalt Therapy*. London. Karnac Press.
- Fairburn, C. G. (2008). *Cognitive Behavioural Therapy and Eating Disorders*. New York, NY10012. The Guildford Press.
- Finlay L., & Evans, K., (Eds) (2009). *Relational-centred Research for Psychotherapists*. Singapore. John Wiley & Sons, Ltd.
- Francesetti, G., Gecele, M., & Roubal, J. (2013). *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact*. Milan: Franco Angeli.
- Gerhardt S., (2010). *Why Love Matters. How affection shapes a baby's brain*. East Sussex. Routledge.
- Husserl, E. (1931). *Ideas: General Introduction to Pure Phenomenology*, vol. 1. New York: Macmillan.
- Joyce, P., & Sills, C. (2014). *Skills in Gestalt: Counselling & Psychotherapy* (3rd Ed.). London: SAGE Publications Ltd.
- Kimura, H., Tonoike, T., Muroya, T., Yoshida, K. and Ozaki, N. (2007). *Age of onset has limited association with body mass index at time of presentation for anorexia nervosa: Comparison of peak-onset and late-onset anorexia nervosa groups*. *Psychiatry and Clinical Neurosciences*, 61: 646–650. doi: 10.1111/j.1440-1819.2007.01719.x
- Kerem N. C., Katzman D. K. (2003). Brain structure and function in adolescents with anorexia nervosa. *Adolesc Med*; 14:109–118.
- Nussbaum M., P., Shenker I., R., Shaw H., Frank S. (1983-1985). Differential diagnosis and pathogenesis of anorexia nervosa. *Pediatrician*. ;12(2-3):110-7.
- Perls, F. S., Hefferline, R., & Goodman, P. (1994). *Gestalt Therapy: Excitement and Growth in the Human Personality*. Gouldsboro. The Gestalt Journal Press.
- Spagnuolo Lobb, M., Amendt-Lyon, N., (Eds.) (2003). *Creative License. The Art of Gestalt Therapy*. Springer-Verlag Wien.
- Spagnuolo Lobb, M., (in press). *Self as Contact. Contact as self. A contribution to ground experience in Gestalt Therapy Theory of Self*. Forthcoming.
- Woldt, A.L. & Toman, S.M. (2005). *History, Theory and Practice*. Sage Publications, Inc.
- Zinker, J. (1975) 'On loving encounters: a phenomenological view', in F. Stephenson (ed.), *Gestalt Therapy Primer*. Chicago, IL: Charles Thomas.

---

**Dorothy Scicluna** is a licensed Clinical Psychologist, Psychotherapist and Supervisor in private practice in Malta. She obtained her bachelor's degree in Psychology and French at the University of Malta and immediately pursued with a Doctorate in Clinical Psychology at the University of Padova, Italy where she subspecialized in the area of eating disorders and related issues. She obtained a Master's Degree in Gestalt Psychotherapy in 2016 (GPTIM) and completed a Diploma in Supervision (GPTIM-EUROCPS). She is also qualified to deliver Enhanced-Cognitive Behavioural Therapy (CREDOXFORD). Dorothy is keen on further developing research-practice based research. She also provides training and supervision.



# Responsibility

## Ethical Imperative of Humanity

---

Ivan Koprek

It seems that today the term "responsibility" becomes more and more contentless and vague. We talk about *prospective* and *retrospective* responsibility; about *subjective* responsibility - I am responsible for myself and *relational* responsibility - I am responsible for someone else, first of all for another man. In this sense we can say that responsibility is not only within us but something between us. The quality of human and social relations and reactions is attributed to it. Taking into account the basic components of the complex phenomenon it can be said that in a moral sense and from the standpoint of realizing man's sense of freedom, responsibility is a man's obligation (duty) to justify all essential elements of his behaviour, i.e. his inner attitudes, concrete actions and their consequences with regard to solving the important problems of his own life, the lives of others and the world in general.

**Keywords:** duty, freedom, responsibility, personal responsibility, the ethics of responsibility, values

## Introduction

Many would agree that modern society is suffering from excessive consumerism, uncontrolled hedonism, addictions, violence, corruption... Among these vices the lack of responsibility has a special place. We are aware that today it's difficult to personalize responsibility and that it becomes more and more conceptually and purposefully unclear... Well, what is responsibility?

Although Aristotle had already known that those who caused the acts are responsible for them, it was only in the last century that the term "responsibility" entered the center of the ethical debate. In fact, it became one of the basic ethical concepts (Duff, 1998, 290-294; Zimmermann, 1992, 1089-1095).

### 1. The definition of the term "Responsibility"

First of all the responsibility is associated with „responding" or „responding to charges". We could say that X is responsible to Y for something under condition Z, and that X must be able to justify something to Y provided Z.

The term "responsibility" is usually used in three ways. 1. to describe - descriptive: responsibility imposes the cause and effect relationship of the actor and the act, and the consequences, without even talking about the ethical qualification of the act itself; 2. to prescribe – proscriptive: responsibility imposes moral or legal obligation to do something or not; 3. to ascribe - ascriptive: responsibility imposes evaluation of some actor who acts in accordance with the law or moral norms or against them.

Responsibility can be: a) subjective - I am responsible for myself, according to my own conscience and b) relational - I am responsible for someone else, first of all for another man. In this sense we can say that responsibility is not only within us but something between us. The quality of social relations and reactions is attributed to it.

There are different levels and institutions which require a response (responsibility). Responsibility does not have to be only individual but it can also be collective or institutional. In this sense, we are talking about the social, political or corporate responsibility.

If we look at various ways of using the concept of "responsibility" or "to be responsible", we will be faced with different meanings. Here we notice the first group of meanings in which the term appears as accountability, imputability. It is so-called prospective and retrospective responsibility.

In a prospective sense, by sentence "P is responsible for X", we state that P has certain obligations to X (here "X" can mean persons, objects or circumstances!). It is not necessary to specify the imposed obligations. Often such statements refer to general commitments that should be fulfilled by someone who is responsible for something.

The statements in which the prospective responsibility occurs are not descriptive but prescriptive. Still, they do not originally need to have the moral meaning. They can be legal, political, business or any conventional obligations. In society a person has different roles which imply multitude of responsibilities of different nature and for different addressees. The prospective responsibility can be described in terms of "specified responsibility" or "relevant responsibility" (Höffe, 1989, 18).

The retrospective responsibility has a different meaning. If we understand the statement "P is responsible for X" in a retrospective sense, "X" stands for actions, their outcomes or indirect actions which are attributed to some "P". The retrospective responsibility is imputable, accountable or calculated, justificatory or accusatory, as interpreted by Aristotle in his third book of *Nicomachean ethics* (NE 1109 b 30-1119 b 21).

Some action is imputable if there is control of it, i.e. if it is in our power, namely, if we can act differently. Acting in the heat of passion is certainly less imputable. Imputability of an act which was initiated in error or confusion, depends on the type of error or confusion. Ignorance does not excuse one when it relates to the existing norms of natural or positive law. Knowledge of these norms is a duty. If ignorance relates to empirical general conditions of action, imputability depends on whether the ignorance is culpable or inculpable, vincible or invincible.

The prospective and retrospective responsibility may in its own sense be attributed only to a being who can act – a person. Thus, the concept of responsibility does not relate to the description of the simple causal relationships: short-circuit is responsible for the fire! Here, "X is responsible for Y" means nothing more than "X caused Y". This is one more or less metaphorical use of the term which is actually a derivative of the retrospective–prospective meaning.

The retrospective responsibility refers to the acts which are behind us and their consequences. Therefore the retrospective responsibility hides the idea of debt, and not only the debt for what we have done, but also the debt to what has enabled us to become what we are. Accepting such debt means to be responsible.

The prospective responsibility begins even before the act, follows it and lasts as long as the consequences. The responsibility understood in this way neither looks back nor seeks the actor's hidden agenda, but it's focused towards the future.

The retrospective and prospective parties of the responsibility intersect in the responsibility of the present. The present should not be understood as a cut off moment of the chronological time, but primarily as the time dimension which includes the physical, psychological and moral identity of a person.

Everyone agrees that the concept of responsibility (accountability) is a multi-relational term. As a rule, it is seen as at least the three-relational concept, mainly in this form: someone (the

subject of responsibility) is responsible for something (the object of responsibility) before or to someone (the addressee or instance of responsibility) (Zimmerli, 1993, 102).

There are attempts to understand the concept of responsibility in the ethics as four-relational (Höffe, 1993, 23), five-relational (Lenk, 1992, 26) or six-relational (Ropohl, 1994, 109). Most still hold that it is a four-relational term in which the normativity has special emphasis: someone (subject) is prospectively responsible for something (object) before or to someone (instance) based on the specific normative standards (normative background). Therefore, someone (subject) is retrospectively responsible, for something (object) before or to someone (instance) under certain normative standards (normative background).

Taking into account the basic components of the complex phenomenon of responsibility, it can be said that the responsibility in the moral sense is "man's commitment" (duty) to justify all the essential elements of his action from the standpoint of achieving a meaning, i.e. inner mindedness, concrete actions and their consequences with regards to solving important problems of his own life, the lives of others and the world in general, in the range of his influence on events.

Morality should be understood in the context of such definition. Moral action is actually responsible action. Moral obligation is an unconditional requirement by which we always and in all circumstances do good and prevent evil; and the good is responsible behavior which can be justified as meaningful (Spaemann, 1977, 21).

And something else: the adjective "responsible" is often understood as a value concept which is actually a mark of a person who properly understands his responsibility (as opposed to "irresponsible" or "without responsibility").

## **2. Freedom and Responsibility: the history of the term "Responsibility"**

It has already been said that by the very nature of things, the term "responsibility" belongs to the subject of philosophical ethics. Fairly, it has not always been an articulated theme. The context of its development in ethics has traditionally been associated with the concept of duty.

In the historical context of the discussion on the concept of "duty" it is interesting to notice the changes which have occurred in this context on the level of general human moral consciousness. In fact, throughout history the term was followed by a certain narrowing, if it was associated with the notion of command, standardization, repressing one's own will and spontaneity, external or internal coercion.

First, the term "duty" was linked to the assumption of law and order - divine, cosmic or rational, as well as the assumption of human free will. These assumptions were valid regardless

of how we are talking about awareness of the Stoics' duty or duty of obedience to the divine commandments within Christianity or duty conceived as the obligation to the rational law within Enlightenment. The duty is always seen as the human attitude by which man, living in the spiritual and moral order, achieves his freedom.

It is known that in Kant's philosophy of morality the term duty is of central importance. If Kant conceives autonomy as the ability of mental, i.e. moral-mental self-determination, the freedom and prospective moral responsibility become synonymous. By defining himself as an autonomous subject man attributes moral responsibility to himself, namely the obligation to direct his actions towards the generally accepted "laws".

But in terms of Kant's ethics it is not just freedom in the assumption of duty but duty is the foundation of freedom, the presumption of freedom. Thus moral responsibility does not come from something outside, it doesn't have its basis (not only!) in the social construction but it is based in necessary self-attribution of free but finite rational being, if that being defines himself as reasonable. (Koschut, 1989, 36).

Furthermore, Kant's ethics no longer aims to achieve the good which in antiquity was perceived as harmony of virtue and happiness, but only to create the conditions which support happiness. For Kant, morality is not really the doctrine of how to become happy (make oneself happy), but how to become worthy of happiness.

In Kant's concept of deontological ethics (ethics of duty!) of forms (formal ethics!) and pure intentions the difference between the individual and society deepens, and then a kind of relationship and harmony between ethics and politics, as it was evident in classical ethics (for example, in Aristotle!). By separating ethics and politics the individual no longer finds a space for self-realization in the political community, but in the achievement of personal freedom.

The separation of ethics and politics and the separation of virtues and happiness within the ethics itself has led ethics to a point where only the purity of intention needs to be saved.

If Kant has advocated and developed the ethics of intention, then at the beginning of the last century, Max Weber, in the tradition of the Protestantism, introduced the ethics of responsibility, which is focused on the consequences of human actions. In Weber responsibility appears as a concept which attempts to determine the ethical awareness in relation to the world. Weber opposed the "absolute ethics" (ethics of intentions, *Gesinnungsethik!*) to the "ethics of responsibility" (*Verantwortungsethik!*), which as a "teleological" ethics primarily takes into account the consequences of human acts and therefore it is particularly imposed in politics and modern sciences.

While the ethicist of the "awareness-raising" views the specifically anticipated external effects, which for him are morally correct modes of action, as ethically irrelevant, the important

characteristic of the ethics of responsibility is its focus on the consequences. The area for which the ethicist of awareness-raising takes responsibility is limited to his own conscience. The ethicist of responsibility in turn takes care of the outside world as well and takes into account that, under some circumstances, dubious means are necessary in order to avoid a greater evil (Mommssen, 1992, 56). Weber's remarks have opened up a whole range of problems, including the question whether it is possible to create a pure ethics of awareness-raising consistently as secular philosophical ethics.

Historically, it should be noted that Weber's views were influenced by the changes of social circumstances in the 18th century. It was the "time of science". Science which enabled progress of technology and techniques which brought new products and created the conditions in which there is no longer one clearly responsible actor or the need for determining responsible persons. The anonymous actions and haziness of the cause-effect relationships are emphasized in the scientific-technological civilization.

Many philosophers have stood up against this orientation in ethics. First of all, "philosophy of values" and "philosophy of dialogue". For example, in M. Buber's work the ethics was placed into the immediacy of dialogue of the I-Thou relationship (Buber, 1973, 19). By this an important aspect of responsibility is pointed out, its unchanging intersubjective structure.

The interesting reflections on responsibility, especially on its concretization regarding the relationship to the other (interrelations!), can be found in E. Levinas' thoughts (Levinas, 1995, 132). Levinas comes from the background of the Biblical-Semitic understanding of the world, and he translated it into Greek philosophical language. So he actually stands versus Western philosophy and the practice that consequently followed it, in which the totality takes precedence over the infinite, the same over others, synchrony over diachrony, the philosophy of logocentrism over pathocentrism and so on.

Further, Levinas emphasizes the necessity of small responsibilities which are indispensable in a world where responsibility is described in general terms. In this way, an individual is saved from feelings of powerlessness occurring where the responsibility has grown to a global lack of transparency, in which he does not see a way to actually realize his responsibility. It is not enough to wake the individual to be responsible for the world, while at the same time leaving him alone under the weight of planetary proportions.

H. Jonas, author of the famous work "Prinzip Verantwortung", has another approach, somewhat pessimistic, to the issue of responsibility. He contends that the range of responsibilities increases with the scientific and technological power. Namely, according to Jonas, responsibility correlates with power. The more power, the more responsibility! Therefore, the duty of responsibility has to reach out to the point which is reached by our power. Jonas pauses before utopian flight of techniques and proposes some "heuristics of fear" threatening the man who is always in the dangers made by

technique, unwarranted interventions in nature, genetic manipulation of nature and man ... and in this regard he advocates the ethics of responsible abnegation.

Despite the different approaches to the ethics of responsibility of Levinas and Jonas it is possible to identify in both authors several links which more clearly illustrate the importance and content of the concept of responsibility. The asymmetry of ethical attitude is present in both views. Therefore, there is the right of the other which precedes my right or suspends it. What is the "other" in Levinas it is the "next generation" in Jonas. "The face of the other" as well as "the generation which is coming" require responsibility for human existence. This is especially true in the face of many possibilities of the destruction of the world as a whole. Facing the possibility of planetary atomic destruction (or "general finality") G. Picht understands moral responsibility as responsibility for human existence. (Picht, 1969, 318-342).

Another conception of the ethics of responsibility was developed by the so-called transcendental-pragmatic ethics of discourse, which advocates reconstruction of the central motivation of both Weber's ethics of political responsibility of success and Jonas's ethics of universal concern - all within the intersubjective transformed ethics of E. Kant (Apel, 2001, 97-122).

Regardless, the previously introduced conception of responsibility within the model of normative ethics was discussed, and is still debated today. Contemporary discussion still looks at the moral responsibility in the retrospective sense in the theory of action, both in psychology and sociology and in some philosophical reflections on determinism and freedom, which has been recently further spurred by "Neuroscience".

As much as at first glance it seems that freedom, as a determinant of human being, but also the undeniable value, is undeniable in a civilized society today, it has never been before, and it is not today. Namely the controversy on whether the man in himself is an autonomous (free) being endowed with the possibility of choice (which would be roughly the philosophical definition of freedom!) or whether he is, like all other creatures in nature, in his actions determined by external and internal causes - is largely determined by the past and present of all civilizations, including our Western civilization. And it's not just about that many people abstract freedom, namely simply deny it, for example, natural scientists due to their own approach to reality research; today the determinism is present at the level of the humanistic approach to human reality - especially in neuroscience.

Philosophically, since ancient times, freedom is understood as autonomy, as self-causality, i.e. as spontaneous activity of the subject whose causes are not outside himself, but only in himself, and who is as such an essential part of a certain nature. This freedom is demonstrated as freedom from something and as freedom for something, and philosophy described its phenomenology as a possibility of choice, i.e. as: "libertas exercitii" (choice between action and inaction), "libertas contrareitatis" (choice between two opposite values) and "libertas specificationis" (choice within the different versions of the same value determinant).

Furthermore, the philosophy distinguishes two levels of human freedom: a) freedom of being or subjectivity and b) freedom of the human powers of intellect and will, in other words, it is not just one of the human abilities which man uses throughout his life, but it is also his transcendental determinant by which he is a person and a subject. And because man is a subject and a person, he does not have a specific relationship only to other human beings and other creatures and things, but in the first place to himself, as the basis of his self-consciousness and self-responsibility. Thanks to this and to such subjectivity, man is the true source of his own acts.

In this and such freedom, that is, in this and such subjectivity, the uniqueness and loneliness, which essentially define human personhood, are anchored. This specific way of human existence as the subject indicates that his fundamental powers, intellect and will are not initially devised by some object, but by the very human inner self. These powers are in fact the ways of man's self-development, the expression of the way in which he can only exist. As a fundamental human power the freedom is rooted in those depths in which certain powers (intention and cognition) and dimensions (spirit, world, history, community) are still in mutual unity.

A known philosophical principle is "agere sequitur esse", i.e. belief and attitude that certain nature causes the corresponding course of action. So, human nature causes human behaviour, i.e. human activity. But since this human nature essentially is characterized by freedom, the nature of human behaviour is not defined deterministically, as in animals, but by man's own choice, therefore the human behaviour can oscillate between the rational and the irrational, the human and the inhuman.

In addition to cognition freedom is the essential human element, which is the same as a human, moral act (*actus humanus*). When you turn the moral or human act into concrete practice, it is a moral action. Since the human being in his existence and action is not determined only by linear time as *chronos* but also by time as *historicity*, i.e. development, the division of time and also man's life in time, are not just about the past, present and future, but also involve the developmental process within which the emphasis are not equally placed. It means that the emphasis in human activity is always on the aim and purpose, which are usually placed in a future i.e. by definition they transcend the present. And because of the fact of the human contingency no single goal of human activity can have the character of a final openness, one is always faced with a choice: either to affirm the inherent logic of the life and work by his responsible action or to transcend them thoughtfully and willingly, and it means spiritually.

### **3. Responsibility - a positive obligation towards freedom and values**

According to the insight of many people, someone can be held responsible only if there is freedom, personal freedom. In the debate on freedom it is doubtful whether the persons or in some way the corporations (companies or political parties!) are morally responsible subjects in their own terms. It seems, however, that corporate responsibility cannot be the same as that of a person. It is, among other things, obvious that corporate responsibility must be always linked to personal responsibility. Never the other way around! The personal character of responsibility

becomes apparent in the fact that no one is responsible before the impersonal law of nature or by the logic of some self-determined system. Only the one who faces the real possibilities of action can take responsibility (Bayertz, 1995, 3-71). One more or less autonomous subject is responsible to himself as well as to society of all living beings and their history. He is responsible for all possible areas and contents of life with which he is familiar. The personal responsibility or willingness to be responsible for all made decisions and to be able to explain the consequences originally is related to an individual subject.

The social or participatory (or corporate) responsibility, which is often mentioned today, reflects an expanded awareness that people are held responsible to each other because they are creatures of dialogue, of communication - because they live in an open world and historical sources of economic or political systems are transparent to them. They mutually respect each other as holders of rights, first of all the fundamental right that anyone should be treated equally, including the right to take part in social processes of seeking opinions or decisions. Therefore, the responsibility is a social construct and important category of social self- and natural-relations.

The fact is that today there is almost no area which is not affected by socialization of life. Sociologically speaking, it is a phenomenon that can neither be denied nor avoided. It is only accelerated by today's multiplication of interrelations necessarily leading to numerous individual and social interdependences or to communitarian (even global) connectivity.

The communitarian connectivity is part of the very nature of the person, since social life is not something added to man, but helps him to develop his skills, facilitates his fundamental vocation. So, it is quite easy to conclude that human activity doesn't concern only himself but also the human community, because he is a part of it, and necessarily influences it by his actions. This is the fundamental reason why the inevitability of social life must include solidarity with others.

Applied to the ethical area, it simply means that man is responsible for his acts both as an individual and as a social being. He, for instance, must become a responsible – solitary consumer of natural resources. Such individual and communitarian moral responsibility is more and more prominent today in ecology. The social responsibility has far more serious consequences. Here we talk about responsibility to the values.

At a time of decay of traditional value systems in technological civilization, with huge opportunities and far-reaching consequences for humans, there is the urgent need to develop the ethics of responsibility just like the ethic of values.

## Conclusion

We live in a society which some people call "risk society". We are getting involved in projects and initiatives of such magnitude that they elude our predictions with regard to the consequences, consistency and responsibility for them. It is not possible to predict the possible consequences in technology, economy, health, ecology etc., but still we have to do something. Hence the difficulty in concretising "the ethics of responsibility".

Each innovation is a potential risk. Today, however, such risks impose heightened awareness of responsibility, personal and social. In this situation, it is necessary, maybe more than ever, to deepen the sense of responsibility but also, as much as possible, to reach a consensus on the fundamental moral imperatives (positive and negative) as the requirements of moral values. In addition to the clear moral imperatives, as the lower limit of morality, we should take into account the necessary growth and development of man as a person.

---

**Ivan Koprek** (born 1954) studied philosophy and theology in Zagreb. He continued his postgraduate studies in Munich (Germany) and he holds a PhD in philosophy (1988). Since 1997, he is a full professor at the Faculty of Philosophy and Religious Studies – University of Zagreb, and from 1995 until 2001 he was the dean of the same faculty. At the present moment he is a chief editor of the international journal "Disputatio philosophica", the president of the Center for Business Ethics at the Faculty of Philosophy and Religious Studies in Zagreb and the president of the Croatian Historical Institute in Vienna.



## Submissions

Gestalt Today: Malta (GTM) welcomes authors from all fields and disciplines to impart their knowledge with our readers. Please read carefully through the submission guidelines below prior to writing and submitting a paper. Submissions which do not adhere to the criteria may not be considered for review.

## Correspondence

Article submissions must be sent electronically. Make sure that all papers submitted begin with a title page and include the sub-section providing information about conflict of interest and copyright. Further information is provided below.

Consultative assistance, particularly in the pre-submission stage, will be available by corresponding to the GTM email.

The journal is published once a year and submissions are accepted at any time throughout the year.

## General requirements

Manuscripts must be original and not currently being reviewed for publication elsewhere. GTM accepts different article types including research articles, qualitative papers, research based case studies, review papers, special issue papers and interviews with persons of interests within the field of psychotherapy. Brief reports are also accepted and may include research studies, theoretical, critical or review comments, and conference presentation reports. Brief reports are based mostly on secondary data that is in line with the theme of the journal.

For editorial style guidelines, ethical principles and reference citations please consult and use the APA Publication Manual, published by the American Psychological Association.

All submissions must be preceded by a title page. Word limit includes appendices, however does not include the abstract, reference list, figures or tables. All papers are to be submitted using the following font *Times New Roman* with font size 12.

Articles presenting original scientific research must begin by a structured abstract of up to 200 words. The paper must then have the following headings: Objectives, Design, Methods, Results,

Conclusion. Longer papers must adhere to a word limit of between 5000 to 6000 words.

Review articles must have the following structure: Purpose, Methods, Results, Conclusions and such brief reports limited to 1000 - 1500 words.

## Review Process

Normally, the review process involves a double blind peer review process and a decision whether to accept the journal or not is made by the editors based on the two reviewers' comments. Authors receive these constructive comments that will assist in revising the document and re-submitting it within an indicated timeframe. GTM Editors have the right to alter the format or edit the text to comply with the journal's publishing style. Following publication, authors may publish their own material in other publications as long as GTM, the original publication place, is acknowledged.

## Confidentiality, Conflict of Interest & Copyright

Research and publication ethical principles must be adhered to throughout the whole process. Refer to the APA Publication Manual for further detail. Particular attention and sensitivity must be considered when involving clients from practice in research, particularly case studies. Authors are fully responsible for ensuring that the client's identity is fully protected and that permission has been acquired from the client for his/her case to be presented. A copy of this agreement must be kept in the author's records. Please ensure that the use of any sexist language is avoided.

Where there is no conflict of interest, please specify in the Title Page that: "The authors declare no competing financial interests". Otherwise all funding sources or other known conflicts must be acknowledged and stated. Please include this information as a sub-section in the title page.

It is the author's sole responsibility to acquire the written permission necessary to publish any lengthy quotations, illustrations or other such material from copyright sources.



